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ESSAYS, MONOGRAPHS, AND CASES.

A Monograph on Scarlet Fever. By EDWARD H. PARKER, M.D., late Professor of Anatomy and Physiology in the New York Medical College, &c., &c.

"Il n'est pas de maladie qui décontenance plus le médecin; il n'en est pas dans laquelle on soit plus sujet à tomber dans des erreurs de pronostic, et ces erreurs sont inévitables."
TROUSSEAU.

[Concluded from the November No.]

I come now to speak of the treatment of scarlatina; and first, *of prophylaxis.* The first duty of the practitioner, when this disease makes its appearance in a family, is to guard those who never had it from any further exposure to its contagion. So long as there is any possibility that it may be conveyed by *fomites*, it is necessary to guard against them, as well as against direct communication with the patient. Seclusion of the invalid in a well-ventilated room is least apt to interfere with the usual routine of the family. To this room only his attendants should have access, and these, while avoiding as much as possible all intercourse with the rest of the household who have not had the disease, should take especial care not to caress the other children, nor to take them in their arms, even when it is necessary, until they have gone out of doors, and exposed their hair and clothes freely to the air. Washing the hands is also wise. The contagious influence seems to be easily destroyed in these ways, which indeed ought to be insisted upon, were there only a slight *possibility* that it could be thus removed. It is in those instances in which the first cases are mild,

that parents and servants are, with the greatest difficulty, induced to institute this rigid quarantine in the house; but because the first case is mild, we cannot presume that others will be so too, and these rigid rules should be firmly insisted upon.

Belladonna has acquired some reputation as a preventive of scarlatina. By some, its powers are insisted upon and praised; by others, they are denied and ridiculed. There can be no question that the fact of its having been introduced to the notice of the profession by Hahnemann has added to the prejudice with which it is received. Still, whatever effect this introduction ought to have had, it has been used by large numbers of physicians; and so much testimony* has been given in its favor, that there is no excuse for omitting its use. In my own experience, I have not been able to satisfy myself of its efficacy, being conscious of the many sources of fallacy which one has to avoid in establishing such a therapeutical fact. But my reasons for using it are:

1. If it has any protective power, those who have trusted themselves to my care ought to have the advantage of it.

2. It does no harm.

3. There is no more reliable or safe prophylactic.

4. It is often a great comfort to the parents or other friends of those who have been exposed to scarlatina, to feel that they are doing something to combat the inception of the disease, instead of idly awaiting its onslaught.

5. I thus protect myself from those harpies who are ever on the watch to bury their filthy talons in one's reputation, and who, if it were omitted, would not hesitate to say, if the disease spreads in the family, that it might have been prevented, had I not been careless, or ignorant of the use of this drug.

The most convenient formula for its use is—

℞.—Belladonnæ extracti, gra. iij.
Aquæ menth., f. ℥j.

For an infant under one year of age, give three drops, twice a day; and for older children, add to each dose one drop for every year in their age above the first.

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* Thus, Bouchut, who favors its use, quotes, as agreeing with him, Schenk, Massius, Hufeland, Berndt, Meglin, Bayle, Godelle of Soissons, and Stevenard of Valenciennes. Bayle says (*Bibliothèque de Thérapeutique*) that, in an epidemic of scarlatina, out of 2,027 persons who took belladonna, only 79 were attacked by it. See, also, an interesting report on its use in the *Am. Journ. Med. Science*, by Dr. J. C. Morris, of Philadelphia.

Of the Treatment of Typical Cases.—It is to be remembered that scarlatina is in its nature a self-limited disease; that is, if this term be objected to, it has a certain rise, a fixed course, and an early and regular decline; so that, if not exaggerated or aggravated by some of the variations which have been enumerated, it terminates in recovery in from ten to fifteen days. It becomes evident, therefore, that, in those cases to which I have given the name of typical cases, the interference of active medication is not only unnecessary, but undesirable. A mild emetic will clear the stomach of undigested food, and is often thought to hasten the appearance of the eruption. If constipation is marked, and continues for thirty-six or forty-eight hours, a dose of syrup of rhubarb for a child, or of the tincture of the same drug for an adult, will move the bowels gently, and be all that is necessary. If diarrhœa comes on, as it often does at an early period, chalk mixture and catechu, with a little opium, may be used, in sufficient quantities to control it. For children paregoric is preferable to other opiates; but with adults either this or laudanum may be used, or the opium may be given separately, in the form of Dover's powder. As a febrifuge, either the sweet spirits of nitre, or spiritus mindereri, or tincture of aconite, can be used in appropriate doses. An occasional sponging of the surface of the body with tepid water, a little vinegar being added to it, if preferred, seems to moderate the excessive heat, and to allay, in good measure, the nervous irritability which arises from or accompanies it. It is of great importance that the room of the patient should be kept quiet, all visitors being excluded; well ventilated, provision being made for the direct access of fresh air at all seasons of the year, but of course not in such a way as to create draughts across the patient; and shaded, not absolutely dark, but with the glare of light excluded. The patient will thus be freed from much of the suffering from headache, which is one of the greatest annoyances.

The throat, in these cases, requires nothing more than a mild alum or capsicum gargle,* to be used three or four times a day; and the external irritation of a piece of flannel around the neck, the irritating power of which may be increased by occasional wetting with diluted rum, in which a little black pepper has been steeped. If the white pultaceous deposit is visible within the throat, it is well to wipe it off

* The domestic formula of a tea-spoonful of black pepper, a tea-spoonful of salt, a table-spoonful of vinegar, and a pint of hot water, is a very excellent one for a gargle.

with a soft sponge, or with soft linen, and immediately apply to the surface a solution of chloride of soda. If the patient makes a great deal of resistance to having the deposit removed, it is not best to excite him by forcing him to submit, but either to apply the solution without removing the membrane, or allow him to use it as a gargle, if he is old enough to do so. Mr. Fuller recommends a chlorine draught, which I have not had occasion to use, but which must be well adapted to many of these cases. His directions are, to "put 10 grains of chlorate of potash into a pint bottle, add to it half a drachm of hydrochloric acid, cork it lightly, and let it stand half an hour; then add by degrees a pint of water, shaking it well on every addition, to make the water absorb the gas, and add one ounce of syrup of orange-peel. The dose is a tea-spoonful, more or less, according to the age and condition of the patient."

As to the diet of the patient, little food will be required while the fever runs high. Light gruels and toast-water are all that will be relished, and more substantial food is apt to produce nausea. But when the fever has disappeared and desquamation has fairly commenced, the appetite returns, and soon becomes ravenous. Light and easily-digested food should be given in moderate quantities, and this limit should not be passed, though the patient does beg for more. I have seen even adults beseech their friends with tears to satisfy their cravings; and it is necessary to impress upon those having charge of convalescent patients that danger is imminent, if strict attention is not given to regulating the diet. During the continuance of the fever, cool drinks, slightly acidulated with lemons or tamarinds, or other sour fruit, are very grateful to the patient, and may be given with freedom. The greatest luxury in which he can be indulged is ice, especially when the throat is quite painful, and it may be given liberally; though it should be in small pieces, not in large ones. It soothes the irritation of the throat, and lessens the source of constriction, which is sometimes very annoying.

Of the Treatment of Cases varying from the Typical.—The variations in the eruption do not require any treatment for themselves. Absence of the eruption is not a sufficient reason for resorting to very active measures to "bring it out." The physician should give careful attention to the condition of the urine, to the state of the nervous system, and of the throat, that he may be certain that there is no grave symptom in either of these directions. The immoderate use of hot teas, of steam baths, and of alcoholic drinks, do not seem to be called for, and they may add to the danger.

When the eruption, after being well out, suddenly disappears, careful inquiry should be made for the cause, and unusual diligence should be used in ascertaining the condition of the internal organs. The reason for this is not that the repelled eruption is likely to attack these organs, but because the occasion of its sudden disappearance is exposure to cold, which it is probable may have excited at the same time some inflammation, as of the lungs or pleura, or peritoneum, which is liable to be overlooked. The distinction between this view of repelled eruptions and the popular one is highly important.

The sienna shade of the eruption does not require treatment in itself, but is of importance as showing that there is a depressed condition of the vital powers, and that it will probably be necessary to contend with some of the grave complications which arise in that state, as diphtheritis and nervous exhaustion. The diffusible stimulants, especially carbonate of ammonia, are to be used, attention being given to their effect upon the pulse, which ought to grow fuller and less frequent; and to the eruption, which ought to assume its more appropriate scarlet color. I repeat, that this shade of the eruption is an indication of importance only when noticed in the early stages, and not when the disease is abating.

When the variation is in the condition of the throat, the treatment is to be modified according to its character. If it be simply the formation of one or more ulcers upon the tonsils, the ulcerated surface should be wiped clean, and then touched with a solution of the *crystallized* nitrate of silver, containing from a scruple to a drachm of the salt to an ounce of water. A camel's-hair pencil or a sponge probang is the most convenient instrument to use in applying it.

If the variation consists in the attack of diphtheritis, the physician must be on the alert to detect the earliest symptoms of danger in the various directions in which it may be expected. But he must often be content to see his efforts fail to preserve the life of the patient, or even to defend any particular organ from destruction, however wise and skillful those efforts may be.

When the patient is extremely prostrated by the diphtheritis, it is necessary to resort at once to stimulants and food; the latter being given by injection, if, in consequence of the soreness of the throat, the patient is not willing to swallow it. To that given by the mouth a liberal quantity of pepper may be be added, both for its effect upon the throat locally, and the stimulating properties which it possesses. A pulse of increased but irregular frequence, and diminished strength and volume, are indicative of this prostration.

To the throat there should be applied, externally, some gently stimulating oil, as oil of origanum, diluted one half with sweet oil, and a light bag of hops, thoroughly heated, and applied dry. My own experience leads me to prefer this to wet applications, as flannels wrung out of hot water,* which are great favorites with many; or to greasy pieces of the rind of pork, an application which I have frequently seen in use, but never could find that it did any good. Poultices are entirely out of the question.

Internally, the pharynx, and all the parts on which the diphtheritic membrane is apparent, should be touched with a solution of the crystallized nitrate of silver, (℈j. to ℥j. to ℥j. of water,) which is *not* a caustic; or with chloride of soda, (Labarraque's solution,) which is especially useful when there is any fœtor; or with hydrochloric acid. Prof. Trousseau gives a decided preference to the acid, but he says of its use, "this caustic is to be used with great prudence and precaution. In children, during the struggle to overcome their resistance, you may burn the tongue, the teeth, the internal walls of the mouth, and thus increase the evil, without cauterizing as it should be done. By holding the child properly, and opening his mouth by means of a spatula, you can sometimes obtain good results from these cauterizations, touching the diseased parts, twice a day for five or six days, with a camel's-hair pencil saturated in the acid." My preference is for the chloride of soda, the portion of it which is swallowed being beneficial rather than otherwise. Once or twice a day is usually sufficiently frequent to apply it.

But it is desirable to treat not only those parts of the pharynx which are in view, or may in any way be seen, but also those parts which are out of sight. The wall of the pharynx, which is concealed by the *velum palati*, is most directly reached by the sponge probang, passed up behind the velum. Not unfrequently, however, it is impossible to open the patient's mouth wide enough to do this, and in that case it is necessary to resort to injections through the nares, or to the use of powders, blown in through the same orifices. The powders used for this purpose are of tannin or of alum. To apply them, put the proper quantity in a tube, (a quill answers a pretty good purpose,) pass it along the floor of the nares to the fauces, and then blow the powder out, when it will of course spread itself upon the neighboring moist surfaces. Powders may be applied in the same way through the mouth. But injections are much better than the powders. The

* Dr. Morris recommends the spongio-piline, which I should think might be the most agreeable of the *wet* applications.

syringe used should have a long pipe,* which is to be passed along the floor of the nares, and the fluid thrown into the pharynx, and not upward among the turbinated bones, unless the disease has extended to that surface. It is necessary to use for the injection substances which may be swallowed, and I therefore prefer the chloride of soda, though both tannin and alum, dissolved in water or glycerine, may be used. Dr. Clarke, in the paper before referred to, points out the importance of these injections for keeping open the Eustachian tube, the orifice of which, it will be at once seen, can be thus reached, and cleared by the current flowing over it. Simple water should be thrown in before using medicated injections, in order that the surfaces may be as well cleansed as possible, before any attempt is made to apply the remedy to them.

The treatment of the lesions of the ear, connected as they are with the throat affection, should be spoken of here. I cannot do better than to make free use of Dr. Clarke's paper, taking leave, at the same time, to suggest that it touches upon points too much neglected by the profession generally. Dr. C. says:

"The practitioner who has charge of scarlatina, measles, &c., should be on the lookout for the slightest otorrhœa or otalgia. The nurse, or other attendant, should be directed to watch the ears carefully, and to report to the physician the first sign of moisture about the orifices of the meatus. In like manner, any complaint of earache should be watched for, and reported, and the occurrence of one or both of these symptoms should be the signal for a careful inspection of the ears. It is not difficult to examine them, nor to recognize the existence of a morbid condition in them. The services of a specialist are no more necessary to do this than they are to recognize the existence of a pneumonia, or of a congested os uteri. By means of a speculum auris, and a good light, the condition of the meatus and of the membrana tympani can, in most cases, be satisfactorily ascertained. When a sunlight cannot be obtained, or the patient is too sick to be placed in a position which will enable the sun's rays (aided by a common mirror, used as a reflector,) to enter the meatus, an artificial light can be advantageously substituted; a lamp with a common reflector attached, which can be held so as to throw a strong light upon the patient's ear, will answer the purpose just as well as any of the expensive and complex lamps for the ear which have been invented, and a great deal better than most of them.

"It is not to be denied that there are many cases which do not

* The best syringes for this purpose are made of vulcanized India rubber.

admit of an examination when the ear is first attacked. The patient may be too sick to allow of its being done. The sides of the throat and face may be so swollen as to nearly close the orifice of the meatus, and prevent any exploration; or the meatus itself may be tumefied, and tender, so as to forbid the necessary manipulations. But after making due allowance for all such cases, there remains a large number, doubtless a majority, in which an examination could be easily made, if the attending physician only felt the necessity of making it. Moreover, it is not generally the case that such an examination is demanded at the time when the constitutional disease is at its height. I have no statistical data by which to decide this point, but my impression, so far as I can recall the cases which have come under my observation, is, that in a large proportion of the cases of perforation following the exanthemata, the local affection does not begin till the acute stage of the constitutional disease has passed; and more than this, the local affection frequently does not appear till convalescence from the constitutional one is fully established. After the general affection has subsided, an exploration of the ear can always be readily made, and the extent of the local disease ascertained." * * * "The indications for treatment are:

"1st. To avert perforation by subduing local inflammation, altering the local morbid action, and keeping the Eustachian tube, and especially its pharyngeal orifice, open, so that all unhealthy secretions may find an easy egress out of the middle ear into the throat.

"2d. If perforation must take place, to make an artificial opening through the membrana tympani, for the discharge of whatever may be pent up in the cavity of the tympanum.

"3d. After perforation has taken place, whether artificially or spontaneously, to employ *immediately* all general and local means to bring about a healthy action of the middle ear.

"4th. To induce healing of the perforation, when this can be done, and thereby restore the membrane to its integrity."

The remaining important variation from typical cases is that in which the nervous system is the centre of attack, and the direction in which the scarlatinal poison seems especially to exert its energy. From the cases which I have quoted, it is evident that in many cases death is the speedy result of this attack, and that there is little opportunity to accomplish anything by treatment. Even when time is afforded for medication, it is in the majority of cases unsuccessful, for these cases are especially malignant and fatal.

Carbonate of ammonia as a stimulant, musk, castor, and camphor as

nervines, to quiet the tossing, jactitation, and subsultus tendinum, are the drugs which are demanded; few, if any, others finding a place for themselves. Wine whey, or brandy even, is often desirable to alternate with the ammonia, and this notwithstanding the heat of the skin. To the back of the neck a blister may be applied when coma approaches, though I must confess that I have rarely seen any benefit arising from the practice. The only remedy which is of much effect, and this often fails, is the application of water, either cold or warm, by *affusion*. This is Currie's suggestion, but it has fallen into neglect and oblivion, which it has not deserved. To reawaken the profession to its value, the endorsement of a distinguished name is necessary. For this reason, as well as that my own experience with it has been limited, I quote again from the learned Trousseau.

"How should this treatment be applied? The patient placed naked in an empty bath-tub; three or four pails of water, at a temperature of 20° Centigrade, (68° Fahrenheit,) are thrown over his body. This affusion lasts from a quarter of a minute to a minute at the longest. The patient is immediately enveloped in blankets, placed in bed without being wiped off, and properly covered; reaction generally follows in fifteen or twenty minutes. The affusions are repeated once or twice in the twenty-four hours, according to the severity of the symptoms. They should be administered at that moment when the nervous phenomena assume such an intensity as to excite our fears of imminent danger; they are to be repeated until these symptoms cease, relieving the mind of the physician from further cause of alarm.

"To suggest in private practice a treatment apparently so bold, one would need to have grown old in practice, to be beyond the necessity of being sustained by public opinion. He should be fortified by a deep sense of duty—by a consciousness of doing well, in order to strive successfully against the popular prejudice—of all prejudices, perhaps the most unfortunate—which demands that, in eruptive fevers, patients should have warm drinks, and be wrapped in more coverings than they are accustomed to in health. There is no prejudice, we say, which is more unfortunate than this; there is none which more frequently occasions the death of the patient. Yet the voice of Sydenham, which has spoken for two hundred years—the authority of the most distinguished physicians who still object to it, resist in vain.

"You understand, then, the difficulties which the young physician will have to encounter, who believes he should have recourse to these cold affusions. These difficulties are the greater, because it is in the severe cases, where the scarlatina threatens to be fatal, that the indi-

cations of this treatment are found. In adopting this treatment, you know that the disease gives one chance of recovery to two of death; and you can foresee, if you are not successful, what will be the opinion of the family afflicted with the loss they have sustained.

"I have employed these affusions for a long time. I tried them in private practice before adopting them in hospital practice, for I have never made use of anything there which I had not previously tried in my private practice. As to these cold affusions, I can assure you that I have never used them without gaining some beneficial effect from them. I do not pretend to say that all my patients were cured. Far from it. I have lost a great many, but they died notwithstanding the treatment. The affusions, instead of being injurious, seemed to moderate the symptoms and retard the fatal termination. By acting in this way in private practice, my reputation ran great risks, and I have often been badly recompensed for doing what my profound convictions dictated; but I remained firm in my course which duty marked out for me, and I persist in it up to this hour, for a stronger reason than formerly; for now, my position being established, my responsibility does not influence me as much. I understand your fears—not that you doubt the advantages of the treatment, which you dare not adopt, but because, while consulting before all the interest of the sick intrusted to your care, you yet have to watch over your own reputation, which is so easily affected at the commencement of your career as practitioners. Still, when the voice of duty speaks to you, when your conscience tells you that this treatment, you dare not adopt because it is contrary to the prejudices of the world, is a useful treatment, it is still necessary to try it, it is right that you should do it. But then, instead of resisting this prejudice face to face, instead of taking the bull by the horns—if you will pardon me this vulgar expression—avoid the difficulty, by administering these useful cold affusions, leaving the patient, and especially the attendants, in the belief that the affusions are warm."

It remains to speak of the treatment of the sequelæ of scarlatina. With one exception, these can be dismissed by saying that they require the treatment which is demanded by the same diseases under other circumstances, modified by the condition in which the patient finds himself. No one should think of treating the pleurisy, pericarditis, or peritonitis of such patients by copious venesection, violent purgation, or other extremely active medication. A less heroic course produces very great effect, and too much energy of treatment is likely to prove fatal to the patient. Moderate leeching, cupping, or blistering, to-

gether with mild purgatives and alteratives, will be sufficient in a majority of cases. Accumulation of fluids in any of the serous cavities requires prompt attention, for the exhausted life-powers do not readily adapt themselves to bear this new burden. If diuretics will accomplish this, it is well; but where these fail, it may be necessary to resort at an early period to surgical aids. This is especially true of pleuritic effusions, which should be early removed by thoracentesis, if there are no marked signs of improvement.

The exception above made is in favor of anasarca, which requires active as well as prompt treatment. It has been said that this more frequently follows mild than severe cases of scarlatina, and it may be for this reason that active medication is better borne. Be that as it may, it is desirable to give at once a decided cathartic of calomel and rhubarb, followed by a dose of magnesia, to dry cup over the kidneys, (or if there is marked hæmaturia, wet cups should be used,) and in general to combat the acute nephritis. When this is allayed, the use of diuretics may be commenced; those being selected which do not contain elements which irritate the urinary organs. Digitalis and the nitrate of potash are therefore preferable to the class which may be represented by the juniper.

The general principles for the treatment of anasarca must, then, be our guides, and these it is not here necessary to recapitulate.

It will be observed that I have abstained from mentioning the classical divisions usually observed in treating of scarlatina; viz., S. simplex, S. anginosa, and S. maligna. I have done so because confusion frequently grows out of these divisions, and there is no advantage in them. The scarlatina is the same, whether there be a profuse eruption or none at all; whether diphtheritis complicates it or not; whether rheumatism or anasarca follows it, or recovery takes place without any sequela. There is, then, no reason for encumbering our books and our minds with these subdivisions, and I have observed their ill effects upon practitioners as well as students.

Many remedies of reputation have also been passed by in silence, either because they have ordinarily failed in my own hands, as well as in those of my professional acquaintances; or because, when I have not used them, I have judged that the evidence in their favor is insufficient to command my confidence. Of the latter class, the use of belladonna as a *remedy* (I have given my reasons for using it as a prophylactic) is one example; and the "successful treatment of scarlatina" by quinine is another. Of the former class, yeast given internally, and bacon-fat used externally, are illustrations. Both of these

remedies have been carefully and conscientiously used by me; and both have uniformly failed when put to the test of severe cases. The greasing over the surface with bacon-fat is a very filthy performance, and as great relief, I may even say greater, has, in my experience, been found by the frequent sponging with tepid water and vinegar. The yeast has been given with all the favor of prejudice in its behalf, but I am compelled to say that, in any case sufficiently grave to excite apprehensions in my mind as to the result, it has never been of any benefit to my patient.

It has been my fortune to contend with several severe epidemics of the graver forms of this disease, and to have had patients in families which have always appeared to be particularly susceptible to the deleterious influences of the scarlatinal poison, and I know that those who have been more fortunate in the epidemics which have occurred in their circles of practice, are not qualified to speak of the value of remedies, or to estimate the gravity of this disease as compared with others. To any one who may doubt my statement, and quote to me the opinion of Sydenham, that scarlatina scarcely deserves the name of a disease, I would oppose the experience of M. Bretonneau, as narrated by Trousseau in the admirable lecture to which I have so often referred.

"When I commenced my medical studies at Tours, M. Bretonneau told us that scarlatina, which his masters had always spoken of as a severe disease, had at first appeared to him as a very mild disease. He said that, from 1799 to 1822, at which time he made these remarks, he did not recollect to have seen a single person die of scarlatina, and he practiced for a long time in the country before he became physician-in-chief of the hospital at Tours. Since then he had seen numerous cases, both in hospital and private practice, and up to that time this exenthematous pyrexia was to him the mildest of all. But in 1824 an epidemic broke out in Tours and its vicinity. In less than two months, M. Bretonneau saw the sick die off with such a startling rapidity, that, opposed as he was to the doctrines of Broussais, then in high estimation, he blamed the treatment pursued by his confrères, who bled excessively, in order to moderate the angina and the inflammatory fever at the commencement of the attack; soon, coming himself in contact with the disease, he learned that he could not always strive against it successfully, a considerable number of his patients succumbing. Then, he who before 1824 had treated scarlatina so lightly, learned to class it with the plague, with typhus and cholera."

The Pathology and Treatment of Cardiac Disease. By BERNARD KELLY, M.D., Physician to the New York Dispensary.

Disease more frequently attacks the left chambers of the heart than those of the right, particularly among the young; as we advance in life, however, the reverse obtains, valvular disease of the right side being more common, as a primary affection, than that of the left. The most usual forms of endocardiac disease we meet with are: *insufficiency* of the valves; *contraction of the orifices*, with or without insufficiency; and *pediculated*, *adventitious*, and *atheromatous* growths and deposits, adhering to the valves, and obstructing more or less completely the cardiac orifices, according to the different degrees of magnitude which they may have attained, or the particular location they may occupy. Each of these forms may be situated in the several openings, but more generally in those of the left side. Disease, involving the sigmoid valves of the pulmonary artery, is very rare. This is owing in part to the unstimulating quality of the venous blood, the carbonic acid which it holds in solution calming irritation by its anæsthetic action; and partly to their facile function, requiring, as it does, very little effort to prevent the blood regurgitating into the ventricle.

The most common cause of valvular disease is endocarditis. This may be primary, that is, may affect the endocardium idiopathically; it is, however, more frequently the result of other diseases, such as acute articular rheumatism, gout, syphilis, and perhaps, occasionally, from the abuse of mercury, (the well-known symptom of *erethismus* often attending the injudicious employment of that agent.) The disease, when it depends upon gout and rheumatism, is called *metastatic*. We do not treat here of *cyanosis*, the result of permanent patency of the interauricular or interventricular orifices; this condition being rather a fault of the progressive development of the organization, than a veritable disease. Endocarditis frequently accompanies inflammations of the pleuræ and lungs; also, typhus, small-pox, and other eruptive fevers. Whether it be the consequence of these affections, or merely produced by the causes which excite them, is difficult to determine. We know that the blood, in the diseases mentioned, is highly charged with fibrin, stimulating and inflammatory; it would not at all, then, seem repugnant to admit that so delicate a membrane as the endocardium, bathed continually in the normal state of things by a bland, unirritating liquid, so highly susceptible of being influenced by agents injurious or foreign to the economy, should take on diseased action

from the inflammatory condition of the blood alone. It is no doubt in this way that the disease with which we are engaged is so frequently seen in persons addicted to the intemperate use of alcoholic liquors, which are promptly absorbed, carried along in the torrent of the circulation, enter the chambers of the heart, and then produce those deplorable ravages which embitter the existence of the unhappy sufferer, and infallibly mark him out as the victim of an early grave. It is no doubt in this way, too, that the abuse of mercury occasionally produces the disease; for we know that this substance is readily absorbed, and doubtless equally capable of irritating, and finally inflaming, the lining membrane of the heart, as any of the agents already mentioned.

Before speaking of the symptoms of the various forms of *valvular disease*, it may not be inappropriate to note a few of the more prominent ones of its almost universal forerunner—endocarditis.

This affection, in its early, acute stage, is readily recognized by an examination of the heart and precordial region. The action of the organ is increased in force; its pulsations augmented in number; they are very peculiar in character; so much so, indeed, as to be denominated, by Bouillaud, *acute palpitations;* they strike loudly and sharply beneath the ear; a vibratory movement is distinctly felt in the precordial region by the cheek of the auscultator, or on applying the hand to it. The healthy sounds of the heart are changed or modified. We get, on auscultation, a *bruit de souffle*, or a *bruit de râpe*, varying in intensity and distinctness with the greater or less violent pulsations of the heart, or according to the ravages which the disease has already made. A *metallic tinkling* is also not unfrequently heard accompanying the ventricular contraction. Percussion gives a larger field of dullness than is usually met with in the healthy state. This is owing to the tumefaction of the heart when not complicated with a pleurisy, or pericarditis. The bellows and rasping sounds, together with the greater distinctness of the cardiac pulsations, serve to distinguish endocarditis from inflammation affecting the pericardium. The dullness and bulging of the precordial region are common to both diseases, but more extensive and better marked in pericarditis. Pain is by no means a common symptom of endocarditis; on the contrary, it scarcely ever manifests itself when the disease is simple and uncomplicated. The patient generally experiences feelings of uneasiness, anxiety, and oppression about the region of the heart; there is great dyspnœa and apprehension, with a tendency to faintness and syncope. The pulse is

rapid, remarkably small, intermittent, and irregular. This curious discrepancy between the feeble state of the pulse, and the violent, energetic action of the heart, is generally attributed to the collection of fibrinous concretions in the left ventricle, greatly diminishing its normal capacity, and consequently the volume of blood destined to traverse it in a healthy state. The thickened and altered condition of the valves, the contraction of the aortic orifice, contribute, to some extent, in producing the almost impalpable pulse. When the obstruction to the circulation is very considerable, congestion of the lungs and brain supervenes; the countenance is tumefied and purple, and sometimes the patient exhibits all the usual symptoms of apoplexy, such as sudden loss of sensation and voluntary motion, stertorous breathing, frothing at the mouth, and convulsions. In similar cases the lower extremities become œdematous. There is abundant mucous or bloody expectoration. The orthopnœa is well marked; the wretched sufferer being constantly harassed by the fear of impending suffocation.

Such are the prominent symptoms of the gravest form of acute endocarditis; the disease sometimes passes into the chronic state, which produces lesions of the structure it invades, to be accompanied or followed by phenomena of another order. The structural changes which are wrought by this form are chiefly confined to the valves and cardiac orifices. Induration and thickening of the substance of the valves; vegetations springing from the latter, or attached to the lining membrane of the heart; adherence of the valves, and constriction of the orifices, false membranes, fibrous, cartilaginous, osseous, or calcareous formations—such are the *anatomical characters* presented by the chronic form of the disease. Although atheromatous and calcareous deposits are very commonly attributed to endocarditis alone, they are, on the contrary, rarely the result of that disease, but are generally produced as a necessary consequence of the modifications of nutrition which the heart, as well as all other tissues of slight vascularity, undergo from old age. They are also very frequently met with in the hearts and principal arteries of confirmed drunkards. In such cases it is difficult to account for their true mode of formation: whether due to continual irritation, or to changes wrought in the physiological constitution of the blood—in all probability to both.

The symptoms of valvular disease of the pulmonary artery will vary with its degree and form. Thus, for instance, should there be merely constriction of the orifice, we get a *bruit de souffle*, more or less intense

during the ventricular systole. This is heard most distinctly towards the junction of the second and third ribs with the sternum. If there be valvular insufficiency at the same time with contraction, the *bruit* exists during the first and second sounds. If insufficiency of the pulmonary valves alone presents itself, the valves remaining in a normal condition, the bellows murmur, or that of regurgitation, is heard during the ventricular diastole—the pulmonary second-sound in this case is entirely wanting. It is very difficult to distinguish pure constriction of the orifice of the pulmonary artery from vegetations affecting the same or its valves. It is distinguished from contraction of the right auriculo-ventricular opening, by the murmur attending the latter being heard most audibly at the right apex, extending behind the sternum, at the point where the cartilages of the fourth ribs join that bone, and synchronous with the ventricular diastole, or second-sound; from contraction of the aortic orifice, by the *bruit* accompanying the latter being louder, more prolonged, and heard over a greater extent of surface; the latter, too, is infinitely more common. The state of the pulse is also an excellent guide to enable us to discriminate between both affections. When the orifice of the pulmonary artery alone is constricted, the pulse of the individual preserves its usual force, fullness, and regularity; whereas, when the aortic opening is diminished in calibre, the pulse is remarkably small, miserable, frequently intermittent and irregular.

The auriculo-ventricular orifice of the right side is more frequently affected by disease than that of the pulmonary artery. There may be either constriction from chronic inflammation, or obstruction from vegetations situated in the opening, or attached to its valves, or the valves themselves may be thickened and bound down by false membranous bands, or all these different forms may present themselves simultaneously.

The symptoms revealed to us, both physically and rationally, are as follows: In simple *contraction* of the right auriculo-ventricular orifice, a form, like the antecedent, exceedingly rare, and consequently very seldom met with, a diastolic murmur heard behind the centre of the sternum, about the point where the cartilages of the fourth ribs articulate with it, and extending to the right apex. In the obstructive form, from vegetations, which is yet rare, but still more common than the preceding, the murmur, heard at the same point, and extending in the same direction, is more intense, and may present the *bellows* or *filing* characters; in both cases there is dilated auricular hypertrophy.

Tricuspid insufficiency from thickening of the valves, or the latter being bound down by false membranous adhesions, the orifice remaining in a healthy, normal condition, gives a systolic murmur heard at the right apex, and extending to the sternum, the point corresponding to the articulation of the cartilage of the fourth rib. If *contraction* of the orifice and *valvular insufficiency* exist simultaneously, the regurgitant and obstructive murmurs will be heard over the same space successively, synchronous with the first and second sounds, whose distinctness they will tend more or less to mask and modify. In the regurgitant form, or that resulting from tricuspid insufficiency, there is often manifest pulsation, and distention of the external jugulars; the right ventricle, as well as its corresponding auricle, are dilated and hypertrophied; there is congestion (as in all the forms of tricuspid disease) of the venous system throughout, with anasarca. In grave cases this congestion may induce cerebral apoplexy. The breathing is usually slow and cautious, the lungs not receiving their full supply of blood till after several ventricular contractions; there is neither cough, dyspnœa, mucous nor bloody expectoration, at the beginning; it is only when the disease has existed a considerable time that symptoms of pulmonary congestion manifest themselves.

The lesions met with in the left side of the heart are precisely similar to those of the right; the physical signs are also the same, with some slight modifications; the rational symptoms assume an inverse order in the course of their development, as compared with those supervening on disease of the right side.

Obstructive disease of the left auriculo-ventricular orifice, or mitral contraction, furnishes the following signs: a diastolic murmur heard a little to the left of the sternum, beneath the cartilage of the fourth rib, and extending to the left apex of the heart—(this sound has been compared, we believe by Dr. Hope, to that elicited by pronouncing *whoo* in a whisper;) dilated hypertrophy of the auricle; pulmonary congestion—a very prominent and precocious sign, revealed by cough; abundant mucous and bloody expectoration; great diminution in the clearness and force of the aortic second-sound; the pulse small, weak, and unequal. Irregularity of the pulse, accompanying the characters just mentioned, indicates coexisting cardiac dilatation. A *bruit cataire*, or purring murmur, is sometimes heard at the apex. Consecutive dilatation of the right chambers of the heart is an almost inevitable result of this, as well as all other forms of obstructive or regurgitant disease affecting the left side, especially if the subject survive any considerable length of time. General venous congestion and anasarca

appear towards the end. It is in this form particularly, as well as in the regurgitant, that we are so liable to have what is called *pulmonary apoplexy;* that of the brain following directly cardiac disease of the right side.

Mitral insufficiency, the most common, perhaps, of all forms of valvular disease, presents us with the following physical and rational signs: a systolic murmur, propagated from the left apex to the point corresponding with the cartilage of the fourth rib, and a little to the left of the sternum; an accentuation of the pulmonary second-sound; feebleness of the aortic second-sound; pulmonary congestion and hæmoptysis; a small, miserable, unequal pulse, which contrasts singularly with the energetic character of the heart's action; general venous congestion and dropsical effusion ultimately follow this disease. Mitral regurgitation is, in some very rare instances, unaccompanied with a systolic murmur; the cause of this strange anomaly is not well known. In this case the diagnosis, unless aided by the other physical and rational signs, is necessarily obscure.

Contraction, or *obstructive disease* of the aortic orifice, is attended with these symptoms: a systolic murmur, heard with greatest intensity behind the left margin of the sternum, where the cartilage of the third rib joins it, the sound being transmitted upward, following the curve of the aortic arch; the *bruit* is heard, though sometimes feebly, at the left apex; dilated hypertrophy of the left ventricle; the aortic second-sound feeble; the pulse is generally small and wiry, particularly when the orifice is much constricted, the artery shrinking to accommodate itself to the scanty volume of blood thrown into it. Similar symptoms to those enumerated have been found to arise from other conditions, affecting the free circulation of the blood through the aorta, as the pressure of a tumor or condensed lung upon the vessel, the roughness of the lining membrane of the artery, aneurism, or abnormal dilatation of its arch or thoracic portion. Systolic murmurs, heard with greatest intensity over the aortic orifice, are by no means always symptomatic of organic disease. A *bruit de souffle*, or *bruit de diable*, extending from the sigmoid valves up the carotids, is one of the most common symptoms of chlorosis and anæmia. They are often present in typhoid, puerperal, and exanthematous fevers. Abdominal tumors, whether morbid or physiological, calculated from their size or location to impede more or less effectually the free circulation through the aorta, sometimes give rise to sounds so entirely similar, as to mislead the physician to suspect organic trouble of the sigmoid valves and orifice, where all, in the mean time, is perfectly healthy and intact.

Valvular insufficiency of the aortic opening furnishes the following symptoms: diastolic murmur at the left apex, and extending to the sigmoid valves, most intense around the latter point; the aortic second-sound often completely absent, or so modified by the regurgitant murmur as to be scarcely appreciable; accentuation of the pulmonary second-sound. A *vibrating fremitus* not unfrequently accompanies the regurgitant current. The pulse is soft, weak, and undulating, and sinks beneath the finger with extraordinary rapidity. There is, on this account, a remarkably long interval between the systolic impulse of the heart and the period when the pulse is felt at the wrist. General venous congestion and anasarca do not usually attend the early stage of this and the preceding form of disease; however, they are not slow in manifesting themselves, for pulmonary embarrassment, indicated by cough and hæmoptysis, is among the foremost complications of aortic contraction and valvular insufficiency.

While dwelling upon the physical signs of the various forms of endocardiac disease, we have had occasion to allude more than once to hypertrophy as a result. It may not be out of place here to describe more fully the different kinds of enlargement, and the peculiar organic lesions upon which they depend.

Hypertrophy, then, may be either *eccentric* or *concentric*. Eccentric or *dilated* hypertrophy supervenes when the current of the blood flows unimpeded into the auricle or ventricle, but has to be expelled from either chamber with difficulty, owing to a contraction of the orifice through which the blood has to pass in the natural state of things. Thus we have this form of hypertrophy in the left ventricle, for instance, when there is great constriction of the aortic opening, the left auriculo-ventricular orifice remaining in a normal, healthy condition. Not only are the walls double and triple their usual size, but the ventricular cavity also is greatly dilated. Eccentric hypertrophy does not always depend upon organic disease of the side enlarged. Thus obstruction to the circulation, originating in the left side of the heart, will produce dilatation of the right auricle and ventricle, although the valves and orifices of both preserve their normal integrity. *Atrophy* of the left cardiac parietes is generally, if not always, the necessary consequence of obstructive disease of the right side. General atrophy of the organ may be induced by any of the causes which tend to debilitate the powers of life, as organic or cancerous disease of the stomach, copious and long-continued hæmorrhages, insufficiency of nutritious and stimulating food; certain cachectic conditions of the system, as marasmus, anæmia, and chlorosis. Pressure from serous,

sanguinolent, and purulent effusions into the pericardiac cavity is a powerful means of producing atrophy of the heart. *Concentric hypertrophy* results when the current is obstructed in its ingress and egress. This is easily accounted for. The ventricle, for instance, in this case, receives but a very scanty supply of blood, its walls are consequently not distended to their full capacity, its chamber contracts by degrees to adapt itself to the small quantity of fluid poured into it from the auricle; but an impediment being presented to its free egress by constriction of the aortic orifice, for example, it requires a considerable degree of muscular force to overcome the resistance, and hence the variety of hypertrophy of which we speak.

The only disease with which acute, uncomplicated endocarditis is likely to be confounded, is acute inflammation of the pericardium, but in both diseases there are some very marked distinctive symptoms. Thus, in pericarditis, pain is very constant; the patient frequently complains of an insupportable burning sensation in the anterior and left portion of the chest, which he endeavors to assuage by swallowing cold drinks with great avidity, and seeking the fresh, open air, while the surface of his body, in the mean time, is often cold and livid. The precordial region is quite prominent, and gives dullness, on percussion, over an extensive surface. The sounds, communicated by auscultation, are most decisive, and are usually as follows: *a rubbing, rasping, bellows sound*, compared to that produced by stretching or crumpling new leather. This is heard during the ventricular systole and diastole; it has been designated, on this account, the *to-and-fro sound*. The normal cardiac murmurs resound indistinctly in the distance; they present a dull, muffled tone. Pain, as heretofore stated, very rarely, or never, accompanies acute, uncomplicated endocarditis; the skin is usually hot, and bathed with a profuse perspiration; the *bruit de râpe* or *souffle* is almost universally single; the heart's impulse is sharp, loud, and distinct, a circumstance which induced the illustrious Bouillaud to denominate, in his happy style, the sounds elicited "acute palpitations." The arching of the precordial region and dullness on percussion are never so prominent and extensive in the latter as in the former disease. The diagnosis of the chronic form of endocarditis is sometimes difficult and obscure; the physical and rational signs are often precisely similar to those we meet with in other conditions of the system—chlorosis and anæmia, for instance. Thus, the *bruit de souffle* and *bruit de diable* of these affections often perfectly simulate the rasping and bellows sounds of organic disease of the cardiac orifices and valves. Hæmoptysis, however, and hypertrophy of the heart

seldom, or never, attend pure forms of chlorosis or anæmia, as direct and necessary consequences; whereas they are inevitable in chronic endocarditis. These distinctions, together with the antecedent history of the case, will, in the majority of instances, serve effectually to dispel any obscurity which may hang around our diagnosis.

The dropsy, dependent upon valvular disease, can only be confounded with the anasarca following Bright's disease. An examination of the heart and urine will at once reveal the true source of the dropsical effusion, save in those cases where both organic affections exist simultaneously. In the dropsy supervening upon cardiac disease, albumen is scarcely ever detected in the urine, while in granular degeneration of the kidneys it is scarcely ever absent. As regards the comparative gravity of the two affections, both are equally serious to the poor patient; with this slight difference, however, that Bright's disease is often amenable to judicious treatment, while valvular disease, once established, can only terminate in the premature death of its victim. It is scarcely possible to mistake *ascites*, the result of cirrhosis of the liver, with that following the last stage of heart disease. Both dropsies follow an inverse order in their respective manifestation and development. Œdema of the lower extremities is among the first rational signs of cardiac trouble; ascites, from the same cause, among the last. Abdominal dropsy, on the contrary, which depends for its existence upon cirrhosis and other organic diseases of the liver, succeeds directly and immediately the hepatic obstruction to the portal circulation; œdema of the limbs being a rare and secondary complication.

The course, duration, and prognosis of endocardiac disease will depend upon its form and extent. The course of acute endocarditis, when left to the resources of nature, is usually very rapid, and may induce death in a few days. Bouillaud has limited this period to eight days; but the standard is an uncertain and arbitrary one, inasmuch as his cases were complicated with articular rheumatism, pericarditis, pneumonia, and pleurisy. The simple, uncomplicated form would, no doubt, continue much longer before the fatal termination. The abundant fibrinous concretions which collect in the chambers of the heart, and adhere to its lining membrane, opposing seriously the free circulation of the blood, seem to be the direct cause of death. The chronic form may, and generally does, continue for a long, indefinite period, and ultimately destroys the patient by dropsical effusions into the thoracic and abdominal cavities, and by fatal congestions of important organs of the economy. The disease sometimes proves suddenly fatal in another way. The little polypoid excrescences or tumors, of which we

have already spoken, as growing from the orifices and valves, occasionally become detached from their pedicles, are swept along in the torrents of the circulation till they arrive at some arterial branch, whose unequal calibre arrests their further progress, become firmly impacted by the ceaseless *vis à tergo*, infallibly cutting off all supply of arterial blood from the part to which the vessel is distributed, thus producing gangrene of the part, unless relieved by communicating branches, or even death of the individual in instances where such organs as the lungs and brain are concerned. It would be well, then, to seek for such accidents in all cases of sudden death from organic disease of the heart. Our prognosis must not always be influenced by the apparent gravity of the cardiac lesions, as manifested by the frightful murmurs which so often grate so harshly on our ears. As long as the tuneful rhythm of the heart's action remains intact, as long as the comparative prolongation and dullness of the first-sound, followed by the brisk, sharp-clacking stroke of the second is heard, so long may our prognosis of the case be favorable, no matter how formidable may be the physiognomy of the other stethoscopic signs—the heart is performing its all-important function healthily and well. But if the harmony or rhythm of the organ be impaired, if the natural cardiac murmurs be confused, or entirely silenced and superseded by obstructive and regurgitant sounds; if, with these untoward symptoms, we have pulmonary congestion and hæmoptysis, distention of the general venous system and anasarca, the case becomes then one of serious gravity, and consequently, our prognosis highly unfavorable.

Few diseases, within the broad domain of pathology, require so much vigilance and decision on the part of the medical practitioner, as the one which at present engrosses our attention. The treatment of acute endocarditis, to be at all satisfactory and efficacious, must be seasonably resorted to. Hence the urgent, imperative duty of the physician to examine carefully the condition of the heart in all acute rheumatic affections, particularly if the patient be young and of a robust constitution. This precaution is all the more necessary, since metastatic endocardiac disease is very often hidden and insidious in its early development. If we rely upon subjective symptoms alone in such cases, the great chances are we give such a *point d'appui* to the formidable enemy, that the whole arsenal of our remedies will prove completely inadequate in the subsequent contest to dislodge it from its ill-gotten stronghold. Local and general depletion, then, should be pushed to the utmost limits warranted by the severity of the inflammation and the patient's constitution to bear it. This should not

be restricted to one or two venesections, but must be repeated till a decided impression is made upon the circulatory system. It is at this stage of the disease, particularly, that the heroic treatment of Bouillaud, his terrific depletion, so widely known by the famous expression *coup-sur-coup*, is so eminently successful. Calomel and opium should then be given, say 1 or 2 grs. of the first, with ¼ or ½ gr. of the latter every two or three hours, until the specific effects of the mercurial are manifested, when the dose may be gradually diminished in quantity, and the interval of administration lengthened. At this period, blisters, repeatedly applied to the precordial region, are signally efficacious. Bouillaud is accustomed to sprinkle 6 or 8 grs. of powdered digitalis over the raw surface at each dressing, and vaunts to have derived excellent effects from its use. Diluent and demulcent drinks, containing the nitrate of potash, should be freely given. Colchicum and hyoscyamus, in equal proportions, are often followed by beneficial results, particularly when we have to combat the rheumatic element. Veratrine is considered by some of the French physicians, of whom I may particularly mention Becquerel and Trousseau, almost a specific for all acute rheumatic inflammations. When this fails, as it often does, they resort to quinine, which they give in large doses frequently repeated, so as to amount to several scruples in the twenty-four hours. This treatment, according to the reliable assertions of those two eminent pathologists, *never fails* when employed in season.

Another remedy, highly vaunted in disease of the heart, is digitalis. This must be given in large doses, say a grain in the form of powder or infusion every two or three hours, at the very outbreak of the malady, in order to produce the full sedative effects of the drug. The same remedy is given in the latter stages of the disease, as a diuretic, when anasarca appears. It is then never given more frequently than two or three times in the twenty-four hours, due precaution being taken to guard against its powerful sedative action, which, owing to its peculiar cumulative property, sometimes unexpectedly explodes. The muriated tincture of iron, either separately, or in union with the digitalis, is a valuable adjuvant to our treatment at this particular stage. It not only seems to act as a diuretic, but also to give tone to the vessels and plasticity to the blood; thus counteracting, to a great degree, the tendency to dropsical accumulations. Its beneficial effects are strikingly manifest when the cardiac disease is accompanied with anæmia. The iodide of potassium, with cinchona, hyoscyamus, digitalis, and colchicum, is a valuable resource in chronic endocarditis. When the lower extremities are loaded with serosity, numerous punctures,

made with a large needle, give great relief, by drawing off a larger quantity of fluid than one would, at first sight, anticipate. This is far preferable to bandaging the limbs, a process which only hastens the appearance of dropsies in other parts, as the abdomen and body. When ascites is developed, we may have recourse to paracentesis, or the administration of elaterium, according to the circumstances of the case. When organic disease of the heart is complicated with general sanguineous plethora, blood-letting and hydrogogue cathartics are prominently indicated. The effects of a copious venesection, in such a case, are often truly magical. The distressing and tumultuous action of the heart, the turgid and apoplectic hue of the countenance, the enormously distended condition of the limbs and entire body, vanish with the rapidity of lightning, to the great relief and comfort of the unhappy sufferer. Elaterium acts well, in such a case, after blood-letting, particularly when the bowels are loaded with fæculent matter, or obstinately constipated. But if plethora and anæmia be the most favorable, inasmuch as being most amenable to judicious treatment, whether antiphlogistic or tonic, they are, unfortunately, the rarest complications of heart disease. Gastric derangement, torpidity and enlargement of the liver, constipation of the bowels, and congestion of the kidneys, are several conditions which frequently accompany and aggravate the cardiac trouble. The medium through which they react upon the diseased organ is doubtless the blood. This fluid, under such circumstances, is surcharged with all kinds of impurities, as bile, urea, uric acid, pus, and various other principles, which, in a healthy state, are either not formed, or, being formed, are eliminated from the economy, after having served the *rôle* allotted to them in it. It is in such cases that we see remedies, administered with the view of restoring the healthy functions of the digestive organs, followed by such cheering and salutary results. So very obvious and flattering are those benefits sometimes, that we are almost willingly deceived into the belief that the derangement of the abdominal viscera is the sole cause and mainspring of the cardiac trouble. This fact, however, so far from being true, only forms a rare exception to a very general rule. Functional disorders, frequently becoming organic, of the lungs, stomach, liver, and kidneys, are the most common results of obstructed systemic circulation, and also, as must be confessed, the most stubborn and serious complications of cardiac disease.

On a Source of Fallacy in Reinsch's Test, and the Diagnosis between Arsenical Poisoning and the Vomiting of Pregnancy: Suggested by the Smethurst Trial. By BENJAMIN LEE, M.D., New York.

One of the characteristic and striking features of modern science is the manner in which it interweaves itself into every department of human industry, art, and action. It thrusts itself upon the daily life of our homes, makes our coffee, ventilates our houses, furnishes our water, our light, our heat; it follows us as we travel by land, by water, or by air; it makes us masters of the earth beneath, and the heavens above; puts the lightning in harness, and makes an errand-boy of the impalpable and capricious *aurora;* it tracks the steps of guilt, and makes the livid corpse a surer witness to the crime of the murderer than the living tongue. On either side the Atlantic we have had recent evidence of the complete and undoubting faith which is universally placed in its skill, and its certainty in this last-mentioned most important exhibition of its wondrous powers.

Not more certainly did the rude tribunal of feudal days look for the blood to well up from the gaping wound that the assassin's dagger had left when he was brought face to face with his lifeless victim, than does the intelligent jury of to-day expect the subtle analysis of the chemist to bring to light the deadly drug that the poisoner's hand has administered, and not less implicitly does it found its decision upon the revelations of his test-tube and crucible.

In view of this implicit reliance upon the dicta of Science on the part of those to whom is intrusted the arbitration of the life of a fellow-man, of how vast importance does it become that she should not, by the carelessness, the oversight, or the culpable ignorance of her interpreters, betray the confidence thus nobly placed in her, and defeat the ends of justice by confounding innocence and guilt in the same fearful doom! In our own city a few months since, an example was afforded wherein a patient, painstaking, careful, and elaborate analysis brought most clearly and unmistakably before the minds of a jury the long-buried evidence of a death from that most deadly and (thanks to our legislators) most easily procurable poison—arsenic—and formed the strongest link in the chain of evidence which induced the conviction of James L. Stevens for the murder of his wife.

The chemical evidence which Prof. Doremus adduced was perfect and irrefragable, and, together with the lucid testimony of the medical witnesses for the prosecution, deserved all the weight which was given it.

A trial has just been concluded in England, however, which, while

it proves even more forcibly the depth of the impression which the revelations of the laboratory and the opinions of medical men make upon the unscientific mind, and the faith with which its oracles are received, does not, unfortunately, sustain either the lofty pretensions of analytical science, or the reputation of the somewhat distinguished toxicologist who conducted the investigation. As was truly remarked by the *London Times*, the verdict of the jury was founded almost exclusively upon the medical and chemical testimony. A brief recapitulation of the case will at once make this apparent, as well as the extremely faulty character of the evidence itself.

Did space and time permit, a careful comparison of it with that given in the Stevens case would possess both profit and interest, and, to say the least, would not place the American analyst and physician in an unfavorable light as compared with his English confrere. Such, however, is not the object of the present communication. I wish rather to call attention, first, to the unpardonable mistakes of Dr. Taylor; and second, to the remarkable similarity between some of the symptoms of arsenical poisoning and those of certain disorders of pregnancy. The case occurred in Richmond, near London, where, on the 3d of April last, one Dr. Julius was called by the prisoner, Dr. Smethurst, to see his wife, who was suffering, as he said, from diarrhœa and bilious fever.

Dr. J. tried one remedy after another: "chalk-mixture and catechu, compound tinct. of camphor, gray powder, pills of compound powder of ipecac, sulphate of quinia, dilute sulphuric acid, bismuth, ether, gentian, prussic acid," but all without avail, and, not suspecting the existence of pregnancy, fell upon the only other expedient to explain his ill-success, the presence of poison. He founded this diagnosis upon the following train of symptoms: "violent and intractable vomiting, (matters vomited sometimes green,) and retching, burning pains in the mouth, throat, and stomach, diarrhœa, and aphthous patches in the mouth." On the 18th, another physician, Dr. Bird, partner of the former, was called in, on account of his experience in the treatment of diarrhœa in India. He, while he was able to add nothing effectual to the treatment of his colleague, shared, it seems, in his suspicions, without any suggestion to that effect on his part. On the 28th, Dr. Todd comes down from London, examines the patient, prescribes pills of sulphate of copper and opium, and leaves after only a few hours, but before leaving, the suspicions of the other gentlemen are broached upon consultation; Dr. T. confesses to a like impression, strengthened greatly by the "mingled expression of terror and anxiety which he

noticed on the patient's face," and the like of which he had never seen before. An evacuation of the patient is procured and sent to Dr. Alfred Swaine Taylor, not unknown as the writer of a work on Medical Jurisprudence, for examination. He submits it to Reinsch's test, after having, as he deposes, carefully tested his materials and found them all pure, and discovers in four ounces of the liquid about the sixth of a grain of arsenic. On the strength of this discovery, Dr. Smethurst is placed under arrest, and other evacuations are forwarded to Dr. T., but he fails to detect the presence of the poison again. Two days subsequently the patient dies exhausted, and it is observed and made use of greatly to the prisoner's injury, that on these two last days she is able to retain fluids on her stomach, which she could not do as long as he was attending and nursing her. The report of the autopsy, by Dr. Barwell, of the College of Surgeons, is rather imperfect, but gives the following facts: "The arms were flexible, the legs rigid, the face of a dull earthy color, and emaciated; brain, lungs, and heart healthy; liver enlarged, hardened, and in a state of incipient fatty degeneration.

"The uterus was found to *contain a fœtus of about seven weeks.* Not a word had been spoken of *pregnancy* during the illness, nor does it seem to have been suspected by even Smethurst himself. At one end of the stomach was found a black patch, but no ulceration or acute inflammation." It contained a little blood. The intestines presented evidences of great inflammation, their lining membrane being in some parts almost entirely destroyed. Portions of the viscera were sent to Dr. Taylor. He found antimony in very small quantity in the lower intestine, cœcum, one kidney, and in blood taken from the heart.

In a syringe, which had been used in some part of the examination, he says that it contained a trace of a white powder, which was "either mercury, silver, or bismuth;" and adds, with a great deal of simplicity, that "he could not tell which." He found no trace whatever of arsenic in any of the viscera or tissues, or in the contents of the alimentary canal.

But now comes the most remarkable part of his testimony. A number of bottles, vials, &c., found in the prisoner's possession, were given to him for analysis of their contents. Among these was a bottle, of which he says, "I examined another bottle, No. 21, which appeared to contain a clear watery liquid, of a saline taste, and I tested a portion of the contents by Reinsch's test, and upon first trying the copper test, it (the copper) was entirely consumed. I made a further test, which led me to suspect that there was arsenic present;" (before

the coroner's jury his testimony was that in bottle No. 21 he found arsenic in the proportion of one grain to each ounce of the fluid; that he obtained the crystals of white arsenic; rather a strong suspicion, one would say;) "but," he continues, "it turned out that I was mistaken, and that it did not contain either arsenic or antimony, and that the arsenical appearances [one grain to the ounce!] originally produced came from the *copper gauze*." That is to say, that from the small piece of copper gauze that he would use in testing a few ounces of liquid, sufficient arsenic was obtained by the action of the chlorate of potassa on the copper to give a grain for every ounce of the fluid. His original statement must therefore have been a gross and culpable exaggeration, for as Dr. Herepath, in a letter to the *Times*, observes, such an amount of arsenic would have made the copper so extremely brittle that it would have been impossible to draw it into wire. The alteration in the mode of statement before the coroner, where it was to the prisoner's detriment, and before the court, where it did not affect him, is very remarkable. *Then* it was "a grain to the ounce;" *now* it is a "*suspicion* of its presence." He attempts to palliate and excuse this awkward mistake by saying that it was before unknown that chlorate of potassa had this solvent power over copper, and in this he is sustained by Prof. Brande, who testifies that it is "a new fact in chemistry." Dr. J. E. Rodgers, however, in a published letter, completely refutes this statement, showing that the fact has not only been long known, but that it has been made use of in the reduction of copper from obstinate ores. And also, that so far from the chlorate of potassa interfering with the testing for arsenic, it has actually been used by Fresenius and Babo as a means of separating arsenic from the blood.

But Dr. T. was determined that if the chlorate of potassa failed to convict the accused in one way, it should contribute to do so in another, and he therefore maintains that this article was administered to his victim (Isabella Bankes) by Dr. Smethurst, (who, as it appeared, had another wife living not many miles off,) in order that, acting as a powerful diuretic, it might carry off the arsenic from the blood and thus remove all trace of it from the tissues, forgetting that in just the degree in which it hastened its elimination from the blood and system, it would diminish its deleterious effects. Dr. T. concludes his testimony with the remarkable assertion, that having used this same copper gauze for the past twenty years, he "shall certainly continue to use it, but shall take care not to do so with chlorate of potassa." This copper gauze, so impregnated with arsenic that a

small piece of it dissolved in a solution of chloride of potassa gave a grain of white arsenic to every ounce of the fluid, he will continue to use as a test for the presence of that substance in cases where the life or death of a fellow-creature may depend on the discovery of a minute fraction of it. Is the learned doctor, until now ignorant of the fact that chlorate of potassa is a solvent for copper, so perfectly certain that there are no other articles in the laboratory or on the apothecary's shelf, of whose power he and all chemists are now ignorant, which may be equally solvents of copper? Is he certain that the intestinal glands may not, in a state of extreme irritation, pour out altered and depraved secretions, which shall contain salts capable of dissolving copper?* Is he certain that in that evacuation, four fluid ounces of which contained, as he estimated, the sixth of a grain of arsenic, on the discovery of which, in great degree, depended the conviction of the unhappy prisoner? Is he certain that there was not present in that evacuation some solvent of copper, the result of depraved secretion, and that the sixth of a grain of arsenic was not thereby set free from his own gauze? Dr. Alfred Swaine Taylor deposes, on his oath, that although "his evidence had often been called in question in other cases, he had never been proved to be wrong." It was perhaps an unfortunate occasion on which to make such a statement.

Upon this rather slender chemical and medical testimony, supported by correlative evidence which was certainly not stronger, the prisoner was found "guilty." The verdict appears to have excited some surprise; for no sooner is it announced, than with one accord barristers, physicians, clergymen, and toxicologists, rush into the columns of the *Times*, and utter their protest against it, and against the slovenly evidence which brought it about. A memorial letter, from the scientific witnesses for the defence,† petitioning for a reprieve, offers the following propositions:

"1st. The symptoms and pathology of Isabella Bankes were consistent with the theory of dysentery in a pregnant and previously unhealthy woman, and her death is ascribable to such cause.

"2d. The symptoms and pathology of Isabella Bankes were not consistent with the hypothesis of poisoning by arsenic, or antimony, or both, nor is death ascribable to such cause.

* The researches of Continental pathologists and chemists have proved that the evacuations of dysentery afford phosphates of ammonia and magnesia, and chloride of sodium.

† B. W. Richardson, J. L. W. Thudicum, and F. C. Webb, all of the Grosvenor School of Medicine.

"3d. There is no proof that these articles were administered to the deceased."

It is with the first of these propositions that we have now to do.

It was sustained by many physicians of note writing to the daily papers, among them by Dr. Tyler Smith, the well-known obstetrician, who cites, with other cases, that of the gifted author, Charlotte Bronte, who died of uncontrollable vomiting during pregnancy, and whose case presented this point of similarity to Miss Bankes's, that during the few last hours of life she was able to retain fluids, as she could not before.

The theory of dysentery is intended to account for the intestinal disorder alone, while the vomiting is attributable to the irritant action of the gravid womb. Dr. Julius, in the course of his evidence, averred that he had "never heard of a case of vomiting in a pregnant woman which would not yield to remedies;" in other words, a fatal case of the sympathetic vomiting of pregnancy. Now, that such cases are frequent, it will not be attempted to maintain; or that it is anything remarkable that Dr. Julius should never before have met one in his own practice in a suburban village. But that Dr. Julius had never read of such cases, and did not know that every systematic work on midwifery, published in the last ten years, considers it necessary to devote an article to the consideration of the propriety of inducing abortion to save the mother's life, where all medicinal remedies fail, is certainly somewhat astonishing.

English and American periodical medical literature is rather meagre in reports of these cases, but a discussion in the French Academy, which took place between MM. Cazeaux, DuBois, and others, during its sessions of March, 1852, brought to light quite a number of them. M. Danyau, advocating the induction of abortion as a means of saving life, referred to thirteen reported cases. They are as follows:

2 cases by M. Danse, published in the "Repertoire d'Anat. et de Physiologie de Breschet."
1 case by M. Forget—"Gaz. Med. de Strasbourg." (Also to be found in the "London Lancet.")
1 " M. Vigla—"Gaz. des Hôpitaux," Octobre, 1846.
1 " Ashwell—"On Parturition," p. 194. (This case occurred at the 7th month.)
1 " Davis—"Obstetric Medicine," II., 871. (Was complicated with diarrhœa.)
1 " Johnson—"London Lancet," March, 1838, (at 4th month.),

1 case by Lobstein, at the 5th month, accompanied by gangrenous inflammation of mouth.

2 cases by M. Chailly.

Schnellbach's Thesis, Strasbourg { 1 case by Rigaud, of Strasbourg, occurring at 4th month.
1 " Breschet.
1 " Maygrier.

1 " Danyau, the father of the reporter.

M. DuBois sustained the same side of the question, and related twelve fatal cases of this disease, which had come under his own immediate notice within as many years. In order to present a clearer idea of the usual course of symptoms, I give them in a tabular form:

Twelve Fatal Cases of the Vomiting of Pregnancy, reported to the French Academy by M. DuBois.

No.	*Vomiting began at*	*Death at*	*Vomiting.*	*Skin.*	*Pulse.*	*Tongue.*
1	2d month.	end of 3d month.	violent and constant.	hot & dry.	small, frequent.	red & dry.
2	conception.	2½ months.	"	burning.	febrile.	red & moist
3	end of 2d month.	4th month.	"	.....	.....	.....
4	conception.	3d month.	"	.....	.....	.....
5	conception.	.....	"	.....	.....	.....
6	3d month.	5th month.	"	hot.	frequent.	dry.
7	2d month.	4th month.	"	.....	.....	.....
8	5th week.	3d month.	"	hot & dry.	febrile.	.....
9	5th month.	7th month.	"	.....	.....	.....
10	conception.	3d month.	"	.....	.....	.....
11	conception.	.....	"	.....	.....	dry.
12	conception.	3d month.	"	hot.	febrile.	dry.

No.	*Countenance.*	*Emaciation.*	*Prostration.*	*Cessation of Vomiting.*
1	Much altered.	Great.	Extreme.	4 days before death.
2	.....	Great.	Extreme.	3 days before death.
3	.....	.....	.....	.....
4	.....	.....	.....	.....
5	.....	.....	.....	.....
6	Altered.	.....	.....	.....
7	Altered.	Great.	Extreme.	A few days before death.
8	.....	.....	.....	.....
9	.....	Great.	Extreme.	.....
10	.....	Great.	Extreme.	.....
11	.....	Great.	Extreme.	On abortion.
12	.....	Great.	Extreme.	On abortion.

The symptoms which usher in death are usually a cessation of the vomiting, greater tolerance of food, severe headache, disturbance of vision, and coma.

In one case, No. 12, gangrenous destruction of the left end of the

stomach is mentioned; and in No. 2 the lips are said to have been much cracked.

In "Schmidt's Jahrbuch der Medizin for 1857" is an abstract of a series of articles, contributed by MM. Raimbert and Pigeolet to the *Journal de Bruxelles* for January, February, and March of the same year, "On the Irrepressible Vomiting of Pregnant Women." These gentlemen found their deductions upon *nineteen* fatal cases.

It is unnecessary to multiply references further, to prove the occasionally utterly intractable and fatal nature of this strange disorder. The matter vomited varies in different cases. In one reported by Meigs, ("Females and their Diseases,") it was a "brownish, ropy, rust-colored fluid." In a case successfully treated by Dr. Christie, of Cheltenham, England, it was "brown." In others it is "green." Dr. Tyler Smith says, in his recent work on Midwifery: "The matters vomited consist of the food and drink swallowed—an acid, glairy, or watery mucus; when very violent and long continued, of bile which has ascended to the stomach in consequence of a propagation of the anti-peristaltic motion into the intestine; or of blood from rupture of small vessels."

The same gentleman, after giving the progress of the symptoms—"tenderness of the epigastrium, general fever, great prostration, and debility"—continues, very forcibly: "An almost *poisonous influence* seems to be exerted by the gravid uterus in some constitutions." An instance was very recently related to the writer by Dr. B. F. Barker, which very closely resembles poisoning in all its details, and which terminated fatally. Its close analogy, indeed, to the case of Miss Bankes led to the inquiries upon which this division of the present paper is founded. The analysis of its stages, as given by Chomel and DuBois, bears, too, a sufficiently close resemblance to the course of poisoning by arsenic and some other chemical irritants.

They divide it into three stages:

1. That characterized by constant, obstinate, and violent vomiting, by which all nourishment is rejected. Emaciation and debility are a natural and speedy result of this state of affairs.

2. As a result of the first, a frequent pulse, hot skin, great thirst, and extreme acidity of breath.

3. The indications of the final surrender of the nervous vitality, "cerebral symptoms, hallucinations, intolerable neuralgic pains, cessation of vomiting, comatose sleep, and death."

It is by no means an uncommon thing for diarrhœa to coexist or to alternate with this sympathetic vomiting: it would be strange, indeed,

if the intestines, deprived of their natural stimulus, should not pour out unhealthy and irritating secretions, which should both constitute and propagate diarrhœa, or even dysentery.

The conclusion, then, is not a forced one, that the symptoms and pathology of Isabella Bankes were more consistent with the theory of gastric and intestinal irritation, sympathetic with and during uterine excitement from pregnancy, than with that of arsenical poisoning. The Secretary of State has shown his appreciation of its justice by answering the prisoner's appeal for reprieve by a commutation of the sentence from death to transportation. And the prisoner is at present occupied in drawing up a full statement of the case, which he and his friends have strong hopes may procure for him a full pardon.

The differential diagnosis between these two affections is, then, extremely difficult. So much so, that if, in a suspicious case, the existence of pregnancy, especially in its earlier stages, be demonstrated, nothing but the clearest proof of the administration of the poison, or of its post-mortem presence in the tissues or contents of the alimentary canal, should be considered sufficient to lead to a verdict of death by arsenical poisoning, or an expression of a suspicion of its agency during life. We may be assisted, however, in forming our opinion, by a recollection of the fact that the symptoms in the case of the vomiting of pregnant women are almost solely those which result from a diminution of the normal quantity of nutriment, and death in such cases is death by starvation. In arsenical cases, we have superadded to this train of symptoms those caused by the presence of the poison in the blood. The train of symptoms thus introduced is to be referred to the effect of the poison on the nervous system, and on the eliminating and excretory organs.

Symptoms referrible to the nervous system:

1. The loss of sensation, and subsequent motor paralysis of one or several systems of muscles, characteristic of slow poisoning by arsenic, would be entirely exceptional in the depressed state of the system, which is equally present in the sympathetic vomiting.

2. So, also, the cramps and convulsive spasms of the former are rare in the latter disease.

3. To the depressing effect of the arsenic upon the nervous system is probably owing the fact that the skin of those poisoned by it is very frequently cold, and covered with a clammy sweat; while in the vomiting of pregnancy, when it has reached its second and more serious stage, the skin is hot, dry, and burning.

4. While the constant vomiting of acid fluid may produce irrita-

tion, and even excoriation, of the mucous membrane lining the throat and mouth, and hence induce a burning pain, very similar to, though not so severe, as that produced by arsenical irritation, the peculiar sense of suffocation or constriction about the throat, so often noticed in the latter, is wanting in the former disease.

5. The profound collapse with which the scene usually closes in these cases is in contrast with the comatose state in which the woman exhausted with sympathetic vomiting dies.

Symptoms referrible to the excretory system:

1. The irritation of the poison in the intestinal canal seems to render the evacuations peculiarly fœtid and dark-colored. This is not observed in the natural disorder.

2. There is frequently partial or complete suppression of the urine, with more or less irritation about the kidneys and bladder, in these cases, while the others are free from it.

On the other hand, we notice, as more characteristic of the disorder of pregnancy:

Cerebral symptoms, mental hallucinations, &c, intense neuralgic pains, and an acid state of the breath, which, after the commencement of the second period, is so remarkable as to attract the attention of any one entering the room.*

These are the only points of difference of any prominence between the two diseases. It will be remarked, then, that the resemblances decidedly outnumber and outweigh the distinctions, and, what is more important in diagnosis, are more striking and apparent. While the diagnostic symptoms in a very marked case of either might lead one to a correct conclusion, under ordinary circumstances, extreme care, close observation, and an attentive consideration of all the attendant circumstances, would be requisite in order to insure this end.

The moral of this strange case, to both chemists and physicians, is evidently—

1. Be careful to study.
2. Study to be careful.

2 WEST 30TH STREET,
Oct. 11, 1859.

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* The cessation of vomiting and state of comparative ease during the last few days preceding death, which is almost pathognomonic of this disorder, is by no means characteristic of arsenical poisoning, although exceptionally observed in it.

Epistaxis of Alarming Character Arrested by Injections of the Perchloride of Iron. By E. J. FOUNTAIN, M.D., Davenport, Iowa.

I am induced to publish the following case from reading the report of "*Death from Epistaxis*," occurring in the practice of Dr. Triplett, of Virginia.

About two years ago I was summoned in haste to see a young man who was reported to be in a dying condition from loss of blood. The bleeding had continued uninterruptedly for about thirty hours, escaping constantly from the nostrils, and frequently thrown out in clots from the posterior nares.

He had been attended by a German physician, who had not succeeded in arresting the hæmorrhage, and before my arrival he had abandoned the case, from motives which I need not here mention.

I found him in a frightful condition, his face, hands, linen, and much of the bed-clothing, and the floor, being covered with blood. In one corner of the miserable apartment, where many people were crowded, was a pile of rags and towels, saturated with blood.

He was so impoverished that he could not support himself in an upright position, and the extreme pallor of his skin and colorless lips indicated plainly that he had lost a large quantity of blood.

I immediately plugged the nostrils, anteriorly and posteriorly, in the usual way. I supposed this would arrest the hæmorrhage, but I was mistaken. Very soon the blood escaped through the plugs in each direction, and the flow returned as profuse as before. I then removed the plugs, and rolling up two quite large pieces of fine, dry sponge, I introduced them as before, and so firmly, that I thought it would be impossible for a drop of blood to escape. I then left him, and returning an hour after, I was astonished to find the blood escaping as freely as ever. I again removed the plugs, and washing out the nostrils by injections of cold water, I pressed into each a roll of *tannin*, made into a soft mass with a little water and glycerine; I packed the nostrils full with this, but it did no good. I then introduced the plugs a third time, using compressed sponge, and forcing them in so firmly, that I feared I might have great difficulty in removing them. I then had ice applied constantly to either side of the nares, and kept the patient perfectly quiet. This answered the purpose for about half an hour, and then the bleeding returned as bad as ever. By this time the patient experienced the alarming symptoms of excessive loss of blood—ringing in the ears, occasional blindness, &c. The case looked desperate to me, while the patient, and even some of his friends, protested against further effort, as useless and cruel. I saw that it *must* be

checked very soon, or it would surely be fatal. I removed the plugs with some difficulty, and washing out the nares, I passed into each a piece of nitrate of silver, about a quarter of an inch in length, carrying them back with the forceps about four inches. I also introduced a curved injecting instrument, perforated towards its extremity with a number of small openings, and forcibly injected a strong solution of the same caustic. This did no good.

It now occurred to me that the perchloride of iron might answer the purpose. I soon procured it, and after washing out the nostrils as before, I injected a quantity of the undiluted perchloride into each nostril. This immediately checked the bleeding, and proved an effectual remedy.

Twenty-four hours after this the bleeding again returned, when I repeated the injections, and with the same happy effect.

There was no recurrence of hæmorrhage after this, and the patient soon recovered, so as to go about, but for quite a long time felt the effects of the loss of so much blood, which had been so excessive as to leave him but a very slender hold upon life. I know not in what other way it could have been saved; and the publication of this may be the means of rescuing others in similar circumstances.

Monthly Summary of Cotemporary Medical Literature. By O. C. GIBBS, M.D., Frewsburg, N. Y.

Quinine in Croup.—In the *New York Journal of Medicine*, for September, Prof. H. N. Eastman, of Owego, N. Y., has an article upon the pathology and treatment of croup, in which he speaks highly of quinine. In children from one to two years of age he gives from ten to twelve grains, in divided doses, in twenty-four hours. He says, "I have uniformly treated croup for several years past in this way, with as much confidence of success as I treat ague and fever, or any other intermitting disease; and in no one instance have I been disappointed in the result when called in the early, or what I consider the paroxysmal or congestive stage." He says further, "I am not aware that any of my professional brethren around me have adopted this course, or that any writer has suggested it." In the Transactions of the Kings County Medical Society, as reported for the *New York Journal of Medicine*, (see page 190, for 1859,) Dr. Bell says, "I think there is much to expect from the *early and bold* use of these remedies, and would suggest a fair trial of the *early and persistent administration*

of quinine with chlorate of potash, and the bicarbonates of potash and soda, as the most appropriate constitutional remedies."

In the *Buffalo Medical Journal*, for November, 1858, Prof. Rochester reports a case successfully treated, in which *quinine*, in *one-grain dose every three hours*, was a part of the treatment. Quinine has been used and recommended by others in croup, but we do not now remember by whom or where. For the last two years, the treatment that has been the most satisfactory in our hands has been a combination of quinine, opium, and ipecacuanha—the opium to be given in tolerably full doses—and a solution of chlorate of potash. Emetics we give when the symptoms seem to indicate their use, and generally select ipecac.; and when cathartics are required, we give calomel and rhubarb. Solutions of nitrate of silver are used locally. In our opinion, profuse blood-letting and large doses of antimony have killed more children than croup alone. Prof. E. R. Peaslee's opinions of the pathology of croup do not differ materially from those expressed by Dr. Eastman, though his treatment differs. While Prof. P. advises blood-letting and antimony, he recommends the strength to be kept up with *tonics* and *stimulants*, (see AMERICAN MEDICAL MONTHLY, for Aug. and Sept., 1854.) Dr. Chapman, of New York, thinks that the false membranes in croup are identical with the fibrinous casts in diarrhœa tubulosa, and the membranous casts that are thrown off in certain forms of dysmenorrhœa, (see *New York Journal of Medicine*, page 187, for 1859.) This is probably the view held by Dr. Jodin, of Dublin, for he recommends as a remedy the sesquichloride of iron, (see *Dublin Hospital Gazette*, Dec. 1, 1858, p. 366.)

Though Dr. Eastman was not the *first* to advise the use of quinine in croup, we do not prize his article any the less highly, but regard it as a valuable contribution to medicine. We presume to suggest that if he will add to the quinine, in future, opium and ipecac., he will have no occasion to regret it.

Medical Skepticism.—In the lecture upon Diseases of Children, by Dr. Jacobi, published in the *New York Journal of Medicine*, for September, alluding to medical skepticism in the profession, Dr. Jacobi says, "The cause of all this skepticism is found in the absence of both an exact and a distinct diagnosis, and of strict indications in the use of medicines. We shall always learn, that wherever a medicine is really indicated, a good effect will always follow a good dose, in such a manner that this one principle, *few medicines, simple prescriptions, and large doses*, will find its full justification." We know of no subject more practical than this, and should be glad to preach for an hour upon the

above text; however, we shall withhold the infliction. Dr. John Forbes, on the other side of the Atlantic, and his imitator, Dr. Jacob Bigelow, on this, have doubtless done more to foster quackery than any other two men of the present age. They have put in the hands of Thomsonians and Homœopaths weapons more powerful to injure the regular profession than any they had been able previously to command. It is only bungling and injudicious prescribers that decry the action of medicine, while those who see clearly an indication, and act upon that indication boldly, will, with each year's increasing experience, derive additional confidence in the utility and the unvarying effects of medicine. No medicine need be feared when there is a positive indication for it, and it is no evidence of the uncertainty and nonutility of any article because ignorant or careless persons have used it injudiciously and injuriously. Let us try to improve the therapeutic art, and not decry it altogether.

On Black Vomit.—In the *New Orleans Medical and Surgical Journal*, for September, its able editor, Bennett Dowler, M.D., has an able article upon Purpura, Scurvy, Hæmorrhage and Petechiæ, in which some opinions are expressed that are not in accordance with those generally received. We have space only to refer to a few ideas in regard to black vomit in yellow fever. Dr. Dowler says that his researches have led him to the conclusion "that black vomit is neither blood nor bile effused into the alimentary canal, and subsequently changed by acids."

"Writers speak of black vomit as the result of effused blood and an assumed hydrochloric acid, which two, meeting, mixing, and combining, form this black pigment. The theory is hypothetical, the hydrochloric acid a myth as to black vomit in New Orleans." "The pure liquid itself is generally bland and inodorous, particularly when excreted and ejected rapidly and in great quantity, without any tinge of blood or other accidental admixture, and the retained fluid is also found, after death, not to present the physical appearance of blood in not a few cases." The deviations from this, Dr. Dowler thinks, are the result of accidental additions. The chemical characteristics of this melanotic fluid, he thinks, with Thenard and some others, to be that of carbon. We cannot follow the author in his argument, or give in full his idea—we quote the conclusion. "Melanosis is a species of morbidity concerning which the most eminent histological pathologists agree in one particular, namely, that its nature is altogether unknown, and to this unwelcome category may be referred the melanotic fluid resulting from yellow fever. It is no explanation to say it is altered

blood, seeing that the nature of this alteration is unexplained by any of the artificial mixtures by which black pigments may be manufactured."

The opinions of Dr. Dowler, a patient investigator as he is, are worthy of respect and confidence, and his years of experience and observation among yellow-fever patients, and his hundreds of autopsies, give to his opinions great weight upon any points connected with this disease, though not in conformity with those generally received by the profession.

Varicose Aneurism, and its Treatment.—In the *New Orleans Medical and Surgical Journal* for September, E. D. Cherry, M.D., of Columbus, Miss., reports a case of aneurism by anastomosis of the face, successfully treated in the following manner: "The common carotid was ligated at the point of election, and also the superior coronary artery on the opposite side. Several ligatures were passed through the upper lip, for the purpose of facilitating the obliteration of this portion of the tumor." "I am induced to report this case from the fact that the ligation of large arteries for external aneurisms of this character is seldom attended with such encouraging results." We mention this case for the purpose of referring to a different treatment, practiced by Dr. Halsted, of New York. At the New York Hospital, last June, Dr. Halsted cured a case of varicose aneurism of the neck, by injections of perchloride of iron, (see *New York Journal of Medicine* for 1859, page 235.) "The patient was directed to lie upon his right side for an hour or two, when the tumor became distended; the doctor then injected fifteen drops of the liquid into a portion of the tumor upon the neck, and in a few seconds a coagulum could be felt in that spot, somewhat circumscribed, and about the size of a large hickory-nut. The instrument used was Luer's, which was brought from Paris by Dr. Suckley, and kindly loaned to the hospital. A little œdema began to show itself at the end of an hour after the operation, but subsided altogether in a day or two, leaving a hard, cartilaginous-feeling clot. In the course of the next three or four days the remaining portion of the tumor was injected; the same quantity was used, and with the same result. The tumor upon the neck is obliterated, and that without any unpleasant symptoms." Should Dr. Halsted's method of cure give like results in subsequent operations, it will take preference to ligation of the carotid artery, though it may not accord with the operative ambition of some young surgeons, by its superseding a showy procedure.

Singular Case, and yet more Singular Statement.—Dr. A. R. Newsom sends the report of a case to Dr. Bennett Dowler, asking for an explanation at length. The report is published in the September issue of the *New Orleans Medical and Surgical Journal*, and Dr. Dowler indulges in four pages of remark, but does not deny the correctness of the statement. The following extract from the report will give an idea of the case: "There is a negro in Franklin County, Mississippi, who is 34 years old, of large size, and was born and raised in that county. About three years ago he was severely attacked with disease, which rendered him helpless for months. During that time the *entire skin* (hair and nails) *peeled off*, leaving nothing but the *flesh* and *bones*. In a short time the skin commenced growing again, and *soon* covered the whole body, and now he is perfectly pied all over, the spots being of all shapes and sizes."

A disposition to report strange and marvelous cases is quite too prevalent in the profession. It should be allowed to characterize quacks, and not members of the regular profession. We think a more brief and pointed reply would have been more to the purpose.

Any person, even a "darkey," would have made a sorry attempt at living, denuded of the *entire skin;* and were life possible under the circumstances, which is very far from being the case, the fact that it was *soon* entirely reproduced, is a complete refutation of the whole story. We once saw a case in which the entire skin was removed, over a surface 13 by 15 inches, (195 square inches,) and it required *fourteen months* to reproduce it! Had the entire skin been removed, no attempt at reproduction would have been possible. That the *cuticle* might have peeled off is possible, and a change of color in the negro is not an event of unheard-of occurrence.

Extracting Foreign Bodies from the Eyelids.—We take the following from an editorial in the September number of the *Charleston Medical Journal and Review:* "Dr. Leon Renard, in a note to the editor of the *Union Médicale*, describes the following method of extracting small substances which have become lodged in the groove formed by the reflection of the conjunctiva from the upper lid to the sclerotic, and which often cannot be seen, even when the lid is inverted. The lid, being seized at its angles between the thumb and forefinger of each hand, is to be gently drawn forward and downward as far as possible, over the lower lid, and retained there for about a minute. On allowing the upper lid to return to its normal position, the flow of tears will carry off the foreign body, which will usually be found on the

lower lid, or on the lashes, or on the cheek. The writer states that he has often found this simple method of the greatest utility and convenience."

Ovariotomy.—In the *Semi-Monthly Medical News*, for September 15th, J. T. Bradford, M.D., of Augusta, Ky., has an able and interesting report on ovariotomy. The report opens with a letter from Charles Clay, M.D., of Manchester, England. Dr. Clay makes a statement of 76 cases. Of these 53 recovered, and 23 died. In the first 20 cases the deaths were 1 in $2\frac{1}{2}$; in the second 20, 1 in $3\frac{1}{2}$; in the last 36, 1 in 4. This shows a favorable progression towards a satisfactory result. In a letter to Dr. Bradford, Prof. G. C. Blackman, of Cincinnati, whose opinion is always entitled to respect, regards the operation of ovariotomy as a justifiable operation in suitable cases. Dr. Dudley, of Lexington, Ky., thinks he has seen cures effected by medical treatment, and his limited operative interference, he says, does not give him any evidence in favor of an operation. If he has cured genuine cases of ovarian disease—such as any judicious surgeon would think of operating in—by medical treatment, we should be glad to be favored with the *modus operandi*, for we have never seen such cases. Dr. Miller, of Louisville, says: "Of the propriety and necessity of ovariotomy in certain cases, I have no doubt."

Dr. Cartwright, of New Orleans, who is an advocate of operative procedure, speaks rather contemptuously of European authors, who condemn the operation, and ignore the truthfulness of the reported success in America.

Dr. McDowell, of Danville, Ky., was the first to successfully perform extirpation of diseased ovary, requiring the abdominal parietes to be laid open from sternum to the pubis. This operation was performed in 1809, and, nearly twenty years after, the truthfulness of the report was denied in New York, and heard of only to be derided in London.

Dr. Cartwright says: "Too little attention is paid to facts derived from American fields of experience, and too much importance is attached to the dogmas and opinions of book-makers and teachers in the large cities of Europe. They are mostly opposed to ovariotomy, because of the ill success which has attended it in Europe, and are slow to believe that inexperienced country physicians, in the backwoods of America, have been more successful than their most experienced and dexterous surgeons of their large hospitals."

Dr. Bradford collects the records of the operation in Kentucky.

He finds 30 cases, of which 19 recovered and 11 died. Dr. Bradford has engaged in *nine* operations, of which only one died. This is truly remarkable success, when we consider that the smallest tumor weighed 24, and the largest 60 pounds. He says: "My reading and study of the cases of the most successful operators, as well as my own experience, have taught me that there are two extremes in the time at which we should operate, both of which should be avoided. The one is, where the tumor is small; the other, where the operation has been delayed so long that the size of the tumor and the decline of the general health render it hazardous to operate."

Dr. Bradford concludes his paper with a caution in regard to hæmorrhage: "The pedicle, but more particularly the *ligament* of the *ovary*, is very *extensible* and *elastic*. If the tumor be lifted out with much force, or by any movement which places the pedicle on the stretch, so much so that it does not contract before the ligature is applied, that part of it which is most extensible when it does contract is apt to slip through the ligature, and still, without close examination, look as though all was right."

Cholera Infantum.—In a discussion upon this subject, before the Louisville College of Physicians and Surgeons, as published in the *Semi-Monthly Medical News*, for Sept. 15th, Dr. Caldwell gives it as his opinion that the disease consists essentially in a disturbance of the nervous and secretory functions. In regard to treatment, he first quiets the nervous system and checks secretion with opium. He says further, "Keep him quiet, remove him from all disturbing causes, and give him a purer atmosphere; nourish him, let him have the boiled bacon, as suggested by Dr. Thomson, or fresh butter, and plenty of it. I am satisfied that I have seen the best effects from a free use of this article. I do not like soups, but prefer animal broths to slops. Let him have plenty of cream, fat beef and mutton. Give him tonics and stimulants; liquor every day; keep him partially drunk with mint-juleps or blackberry cordial; I prefer the mint-juleps." If the disease assumes a chronic form, he advises a bark jacket, and the secretions to be regulated with calomel and quinine; ¼ grain of the former to ½ grain of the latter. Drs. Powell, Wible, and Cook concurred with Dr. Caldwell in regard to the use of oils and fat, and cited cases in which they had used butter, gravy, cod-liver oil, &c., with marked success.

Chloroform in Strangulated Hernia.—In the *Cincinnati Lancet and Observer*, for October, Prof. W. H. Byford, of Chicago, reports a case of strangulated inguinal hernia, which resisted repeated efforts at

reduction. Chloroform was administered to complete insensibility. Upon examining the tumor now, Prof. Byford says, "to our astonishment and delight, the bowel was found to have entirely receded within the abdominal cavity. The finger could be easily passed along the inguinal canal through the ring, thus proving its entire freedom from disagreeable occupancy."

Nursing Sore Mouth.—In the same number of the *Lancet and Observer* just alluded to, Dr. Hamilton, of Lynnville, Ind., gives his treatment in a reported case of the above, sometimes rather rebellious, affection. He says: "After evacuating the bowels with a dose of rhubarb and magnesia, I gave iodide of potassa, in five-grain doses, three times a day, and sulphate of quinine, in six-grain doses, morning and evening; to which treatment the disease yielded in forty-eight hours." We have been in the habit of treating such cases with quinine and chlorate of potash, and the local use of a solution of sulphate of zinc, we thought with average success; but the cure of a disease that has its origin in constitutional impairment in forty-eight hours, is a success that we cannot boast of.

Poisoning with Opium, &c.—In the *Lancet and Observer* for October, Prof. C. G. Comegys, of Cincinnati, reports a case in which a man took two ounces of laudanum. About four hours after, Prof. Comegys found him "stretched upon the floor, cold, livid hue, feeble and small pulse, gasping, stertorous respiration, very slow—only five times a minute; torpor, and death-like insensibility." An emetic of zinc was given, which operated with no relief, and the vomited matter gave no odor of laudanum. Artificial respiration was instituted, and continued for *nine* hours, when the patient was restored to consciousness.

Prof. Comegys says: "Immediately after the recovery of the patient from the poisoning, he was seized with delirium tremens in its worst form." The Prof. "prescribed for him one drachm of tincture of opium every hour until he slept, after which he soon recovered."

The inquiry naturally suggests itself, Would the first dose have proved curative if the Dr. had not interfered? and what was the difference between the curative and the poisonous dose?

The case is one of interest, but we do not see the necessity of its being given *twice in the same number of the Journal, with language slightly varied!*

Cantharides in Whooping-Cough.—At the August meeting of the Buffalo Medical Association, as per report in the October number of the *New York Monthly Review and Buffalo Medical Journal*, Dr.

Cronyn speaks highly of the action of cantharides in whooping-cough. The following is his formula:

"R.—Tinct. cinchonæ, ℥jv.
" cantharidis, ℥iij.
" camph. comp., ℥ss.

Misce. Tea-spoonful three times daily in a table-spoonful of flaxseed infusion." Dr. Cronyn has treated about sixty cases in this manner. We quote from the proceedings: "In every case the severe paroxysms of cough had disappeared in ten days. He quoted Dr. Haynes, from *London Lancet*, that whooping-cough was as certainly cured with cantharides, as chlorosis with iron. He maintained that it was the cantharides which was mostly curative, since strangury seemed necessary to the cure. The medicine is to be continued until this effect is produced; afterwards give it in small doses. This has been called the abortive treatment of Dr. Haynes."

We hope that the expectation of Dr. Cronyn in regard to this article may be realized. We think it is not improbable but that the tinc. cinchonæ had some curative influence. Certain are we that the worst case we ever saw, occurring in an anæmic patient, and complicated with pneumonia and a congenital heart affection, we treated successfully with full doses of quinine and belladonna. For the last six years we have been in the habit of giving belladonna to our whooping-cough patients, as recommended by Dr. Jackson, of Northumberland, in the *American Journal of the Medical Sciences*, for August, 1834, and by Dr. Hiram Corson, of Montgomery County, Pa., in the same Journal, for October, 1852. The results of such treatment have given us better satisfaction than any other.

Milk Sickness.—In the *Nashville Journal of Medicine and Surgery*, for October, J. E. Nagle, M.D., has an article upon the above subject. He considers the disease a peculiar form of typhus fever, and he supposes it to be produced by a poisonous or fungus grass. He says, "That musty wheat and secale cornutum of rye will produce the gangrene typhus fever, is evidenced on good authority; that the fungus of grass has the same poisonous principle I am certain, and I think will be admitted, if the subject be examined."

With commendable zeal, Dr. Nagle experimented largely. On lands upon which this fungus grass was largely found, he pastured certain animals. "In a short time we discovered the disease was making way amongst them; those that died were subject to post-mortem examination, with the result above stated. We then cut the grass and cured it as hay, which we fed to healthy, fresh animals.

They soon gave evidence of distress: became thin in flesh, had excessive heat in the head and neck, a shriveled skin over the belly, were exceedingly costive, and, giving way to delirium and debility, they died in utter exhaustion and agony. We then found that dogs fed on the meat of such animals would get the same 'trembles,' the same symptoms, the same death, the same poisoned appearance on examination." * * "Not satisfied, however, we pushed the inquiry further, and discovered that this grass when fed alone, without mixture, produced the most horrible form of typhus fever, a pure poisonous fever, that was milk sickness in all its hydra gangrenous condition." * * "The result of cattle becoming thus diseased gives rise to sickness in the human body. The poison tends to the glands, and the secretion of milk will necessarily be charged with it; hence, when an animal uses the milk, or eats the flesh of such diseased cattle, the result must be a similar disease in the recipient."

There are but few subjects in medicine that have occasioned more controversy than the disease under consideration, and we look upon the paper of Dr. Nagle as one of the most satisfactory that has fallen under our observation. By many milk sickness has been considered a modification of malarious disease, and by others it has been supposed to be produced by some unknown toxic agent. Attempts have been made to specify the peculiar poison, but none, so far as we know, have based their opinions upon such careful and extended observation as has Dr. Nagle.

We quote his closing remarks in regard to treatment. "The main object is to keep up tonic, stimulant treatment, and particularly to keep the bowels open. This is the plain rule in all climates and in all localities. After the patient has convalesced, or is in such condition that he can take nutriment, *corn meal* will be found a specific against the poison. This matter I have thoroughly tested, and I can proclaim it as a certainty, that the hydrated peroxide of iron is not a more certain cure for poisoning by arsenic, than that corn meal is an anti-periodic and specific for the terrible disease known as milk sickness, or 'trembles.' Not only in man is it a specific, but in cattle—the cure is certain. Feed either party with it in plenty, give them all they can possibly eat, give it as mush and milk, as corn bread, as raw corn meal, or any other manner you can, but give corn to cure milk sickness."

Malarious Disease.—W. A. Brown, M.D., of Texas, has an article on intermittents and remittents in the October number of the *Nashville Journal of Medicine and Surgery*, that so exactly corresponds

with our idea of those diseases, that we are disposed to quote an idea or two for remark.

Dr. Brown asserts that intermittents never occur from any other cause than malaria. This specific poison he believes to be completely destroyed by Peruvian bark and its representatives. "Remitting fever is only an aggravated form of the intermitting type, and is cured just as certainly, and by the very same remedies, but more vigorously administered." * * * "We assert, that enlarged spleen, deranged liver, indigestion, &c., &c., following fevers of a malarious character, are the result of *treatment*, and not of malaria. This formidable catalogue of sequelæ are all artificial. We are ready to defend, and we believe to maintain, the position." "Since 1853, we have pursued the course of treatment given below, in malarial fevers, and during the period from then till now, have treated thousands of cases, having lived all the time in situations as much afflicted as any in the South, and have not lost a single case; nor has there occurred in our practice a single case of enlarged spleen, or any of the consequences usually attributed to those fevers or to malaria."

In our feeble way, we have advocated this doctrine for several years past. Our opinions are based upon seven years' experience and observation in a malarious region. We have never seen a case of malarious disease refuse to yield to treatment, nor to stay cured, where our directions were attended to. We believe the best "preparatory" treatment for intermittents and remittents is that which will immediately prevent a return of the paroxysms on the one hand, or the continuance of the fever on the other. For ourselves, we have no doubt but that malarious diseases can be prevented, cured, and that cure made permanent, at the will of the adviser. The present is not the proper place to enlarge upon these points.

Tetanus.—Paul F. Eve, writing from Turin to the *Nashville Journal of Medicine and Surgery*, makes mention of a case of tetanus cured. He says: "The patient was shot at Solferino, by which the tibia was fractured. This was on the 24th of June. The attack of lockjaw commenced July 12th, and the surgeon in charge ascribes the relief to *muriate of baryta*, given, I think he said, in six grains to 20 or 30, three times a day. By this remedy, he told me he had cured four cases." When the contractions are violent, chloroform is inhaled.

Ligation of the Carotid Arteries for the Cure of Epilepsy.—In the *Cleveland Medical Gazette* for October, Prof. G. C. E. Weber reports a case of epilepsy in which he attempted a cure by ligating the com-

mon carotid artery. The patient was a young man of twenty years, and had suffered from the disease for five years, and for the last year or more the fits had usually recurred once or twice daily.

The patient supposed the disease originated in a fright when debilitated by sickness; he confessed to having been long addicted to masturbation. After exhausting the usual remedies, with but little or no benefit, December 2d, 1857, Prof. Weber tied the left common carotid artery. For seven days the patient was free from fits, and felt completely relieved. From this date they returned, and soon became nearly as severe as at first. Seventeen days after the first operation, the right common carotid was tied. After the second operation, the patient was entirely free from fits for five weeks. For the next six months, the fits occurred on an average about once a week, since which time they have slowly increased in frequency. The fits are said not to be as severe as before the operation. Previous to tying the carotids the intellectual powers were entirely unaffected, but in the two succeeding years the intellectual impairment is quite perceptible. Is it not possible that this last result is partially, at least, the result of the operation?

While in the operation mood, why not try castration, which has been so strongly advised by several surgeons?

Abscess of the Liver.—In the *St. Louis Medical and Surgical Journal*, for September, Prof. Wm. M. McPheeters reports an interesting case of abscess of the liver, which discharged first through the lungs and subsequently through the bowels, and yet speedily and completely recovered. Prof. McPheeters thinks it probable that there were two abscesses, which pointed respectively in the two directions indicated, and which emptied their contents with an interval, perhaps, of two or three weeks between.

The treatment, during the period of purulent discharge and until recovery was complete, consisted of tonics, stimulating expectorants, and a generous diet, with wine.

Itch Ointment.—In the *Atlanta Medical and Surgical Journal*, for September, a *Retired Pharmacien* gives the following formula for itch ointment: "℞.—Brown soap, one oz.; salt, ½ oz.; sulphur, ½ oz.; alcohol, one drachm; vinegar, 2 drachms; chloride lime, ½ drachm. Mix. Apply thoroughly to the affected parts on going to bed at night. The mixture should be prepared for each case, as it does not keep well. Its efficacy has been well tested by the writer, as well as by others."

The above is probably not more effectual than the simple sulphur

ointment; but, if properly scented, it would probably be less objectionable to the fastidious.

Toothache.—In the October No. of the *Atlanta Medical and Surgical Journal*, Dr. Brown has the following: "When there is exposure of nerve, and only slight inflammation, there is a chance to save the tooth by destroying and removing the nerve, and then thoroughly filling the nerve-cavity, and also the cavity of decay, with gold. This department belongs exclusively to the dentist; but the physician is often called upon to 'put something in' to relieve the pain. Many would prefer to do this to extraction. In my own practice I have found the following mixture to be of great benefit in giving temporary relief:

R.—Spirit. ammoniæ,	℥ss.	
Chloroform,	℥j.	
Ol. caryophyl.,	℥ij.	
Tinct. camphor.,	℥ij.	Misce.

After cleaning out and drying the cavity, a small pellet of raw cotton should be moistened with this, and applied to the exposed pulp, repeating the application as occasion requires."

Toothache—Submucous Injections in.—In the *Boston Medical and Surgical Journal*, for October 6th, Dr. H. R. Storer recommends submucous injections for the cure of toothache, occurring in pregnant females. He reports a case in which various remedies were resorted to for several weeks without benefit. A tooth was finally extracted, and still no benefit. "Ten drops of the Edinburgh solution of the bi-meconate of morphia were now injected beneath the mucous membrane of the gum; the pain ceased instantaneously, and from that moment to the present, a period of nearly five months, there has been no return of the malady." In all purely nervous cases of this "hell o' a disease," as Burns demonstrates it, it is probable this remedy would prove equally effectual.

Ingrowing Toe-Nail.—In the *Medical and Surgical Reporter*, for October 15th, H. B. Wilson, M.D., of Boonsboro', gives what he calls a sure and painless method of treatment. He says: "My plan is, first to take a perfectly sharp scalpel, and beginning at the end of the nail, on the sore side, gradually and slowly divide about *one-fourth* of the nail from the end to the root." * * "The next thing to be done is, not to dissect out the nail, or forcibly draw it out by the root; but to introduce a *very* little raw cotton under the edge of the smaller portion, or between the two edges where it has been split, as far down as the root; then bind the toe up in a slippery-elm poultice, in order to

reduce the inflammation. In another day, the cotton can be pushed still farther under the nail, and the nail itself will begin to let go its connections and become loose. On the second day, or at most the third, the fourth part and offending portion *will come out of itself*, or can be gently removed *without the slightest pain*, and the toe will then get well without any further treatment." Since copying the above, we have tried this plan of cure in one very bad case, with results quite satisfactory.

Epistaxis.—In the *Medical and Surgical Reporter*, for October 22d, Dr. D'Arcy, of Jerseyville, Ill., reports a case of excessive epistaxis, cured by a novel and very ingenious method. Two days were spent in fruitless attempts to arrest the hæmorrhage by "front and rear plugging," with muslin saturated in melted beeswax, and still the blood would ooze past both plugs. The doctor now took a piece of intestine, "such as is used in sausage-making," ligated one end, and introduced throughout the whole extent of the nostril. "Water was then poured into the front end, and pressure made by forcing the water into the nostril." This burst, and a new experiment had to be instituted. "A sheep was instantly killed, and the œsophagus removed. We properly introduced the œsophagus of the sheep, ligated it as in the previous attempt, and poured in the water. Then ligated the front end, pressed up the water by compressing the œsophagus with the hands, until the pressure produced severe pain in the nares. The bleeding at once ceased. We were completely successful." The œsophagus was removed on the second day, and the hæmorrhage did not return. This was certainly a very ingenious way of applying pressure, and meeting the exigencies of the case.

REVIEWS AND BIBLIOGRAPHY.

Elements of Medicine: A Compendious View of Pathology and Therapeutics; or, the History and Treatment of Diseases. By SAMUEL HENRY DICKSON, M.D., LL.D., Professor of the Practice of Physic in Jefferson Medical College, Philadelphia; formerly Professor of the Institutes and Practice of Physic in the Medical College of the State of South Carolina, and of the Theory and Practice of Medicine in the New York University. Second Edition, revised. Octavo, p. 768. Published by Blanchard & Lea, Philadelphia.

Works upon practical medicine, evincing a high order of merit, have formed no inconsiderable part of the recent issues from the pro-

lific medical press. We may instance among London authors Drs. Watson, Bennett, and Copland, and among those of this country Drs. Wood, Dunglison, and the late lamented Drake; and, in contemplating their works respectively, we take pride in the consciousness that the works of our own countrymen will lose nothing in the comparison. There is no danger that works of such decided merit, and each possessing its own peculiar excellences, will ever become too numerous. Facts and principles are rendered familiar by repetition; and a new book, though it may contain much that is common to an old one, holds new language, and presents new connections; thus inciting to new study, and a consequent greater familiarity, not only with basic, but adjuvant and collateral new ideas. He that would become a thorough student in physiology, would not confine his studies to one authority alone, but would carefully compare the researches and the writings of various experimenters and authors. So he that would be thoroughly posted in Pathology, and skilled in Therapeutics, would not confine his studies to Watson or Wood alone, but carefully read and compare the observations and judgments of many.

Dr. Dickson's *Elements of Medicine* is not a new candidate for public favor, though it has not until now fallen into our hands. The first edition was issued four years since, and consequently this, the second edition, needs no special review from us. Yet, because the first edition was not noticed in the MONTHLY, we shall endeavor to give our readers, who may not have seen the work, some idea of its contents.

The work before us is divided into two parts. The *first*, occupying nearly 200 pages, is devoted to *General Pathology;* and the *second* to *Special Pathology and Therapeutics.*

Part first is divided into five sections, viz.: 1st. The nature of disease; 2d. Etiology; 3d. The seats of disease; 4th. The phenomena of disease; and 5th. The tendency of diseases. This part we consider especially excellent, presenting an admirable outline of the principles of medicine, as full as is consistent with the character and limits of the work, in a style, for interest and elegance, scarcely second to that which has made the work of Dr. Watson so popular.

We had marked many passages for quotation, and an occasional one for criticism, but our limited space will compel us to forego, in a great measure, the pleasure of the former, as well as the labor of the latter. We shall, however, quote a few passages for remark.

In speaking of vicissitudes of temperature as causes of disease, Dr. Dickson says: "Such alterations, however, within certain limits tend,

undoubtedly, to confirm and invigorate human health. Poets alone eulogize an eternal spring; and the highest animal tone and strength of constitution belong rather to cold and changeable climates, than to those which are warm and equable."—(P. 47.)

We believe this to be true, and cannot but regard that unfortunate band of consumptives with pity, who, in accordance with bad advice, leave a dense and bracing atmosphere, of which they cannot breathe too much, for the rarefied and sultry air of the hot regions of the South. Were we numbered among the list of consumptives, we would, if strength and energy were not all gone, sooner trust to the bracing and appetizing influences of a Canada winter, with reasonable exertion and exposure, than to the enervating influences of a Florida or Cuban climate. Physicians have catered too much to the consumptive's immediate comfort, without due regard to his ulterior advantage. We have no doubt that it is easier to lounge in the shade in Florida, than to skate upon the ice-bound rivers of a Canada winter; and yet we have no doubt the latter is the healthier exercise of the two, and the most conducive to longevity.

In speaking of dietetic influences, as causes of disease, the author says: "In this country, it may be affirmed that we have the worst possible cookery; and hence indigestion or dyspepsia prevails almost as a national infliction. But our custom of hasty eating, and our almost universal habit of chewing tobacco, tend also to the same result." How many a young lady enters upon the practical duties of life, as wife, and perhaps soon as mother, capable of reading French with fluency and playing upon the piano with skill, that cannot make an eatable loaf of bread, a drinkable cup of coffee, or cook a steak! Such will meet with vexation and entail misery and ill health upon their families, for which learning and accomplishments can never compensate. Cookery should form a part of the practical studies in every female seminary—it is even of more importance than agricultural studies to the farmer. Our habit of using tobacco is a national calamity; productive of more ill health, if not of mental and moral degradation, than opium-eating among the Orientals.

The author is a believer in the contagious nature of yellow fever, typhus, cholera, &c. We quote the following with pleasure, as illustrative of the author's style: "If we deny the organic, self-reproductive character of the causes of these zymotic diseases, we have to contend with insuperable difficulties. Let us select the example of the last-mentioned pestilence—Asiatic cholera. It is so widely prevalent, that immense masses of the causative poison which excites it

must exist on the earth's surface. This poison must either be generated by local causes everywhere, wherever it is active, or it must have been produced originally in infinite abundance, to admit of its effective diffusion over such vast spaces. The first notion is most generally entertained; but surely nothing can be imagined more contrary to all experience or analogy—may we not say more difficult to conceive possible—than the telluric elimination, or the atmospheric production, of the same inorganic poisonous element in the depth of a Russian winter, and in the burning heat of summer in Hindostan; bidding defiance alike to climate and season, and overriding all local contingencies, all geological and geographical peculiarities; prevailing where the ground is frost-bound and covered with snow, and where malaria steams up from the hot, marshy soil; alike fatal on the swampy delta of the Mississippi, and the arid sands of the Great Desert; in the purlieus of St. Giles, on the banks of the crowded Thames, and on the desolate steppes of Tartary; on the granite of Staten Island, and the calcareous and coal formations of the West; along the sea-coast, and the wide fresh-water lakes of our interior; and even exploding vehemently, with the most startling abruptness, among the passengers of more than one solitary barque on the boundless ocean."—(P. 78.)

* * * "Let a healthy man sleep in a solitary rice-field, a desolate jungle, or a wild swamp, in a summer night. He will almost surely be seized soon after with disease of known and anticipated type. But an attack of cholera can only be procured *among subjects laboring under the pestilence,* or in their neighborhood, or as infected by fomites imbued with its material cause. This may be *transported with persons anywhere;* it remains fixed nowhere, but goes and returns."—(P. 74.)

We do not subscribe in full to Dr. Dickson's ideas of contagiousness of several of the epidemics, and the transportability of the same. We hold that a truly contagious disease has its origin in a specific poison, which poison *is formed in the living fluids of the body.* The causative agent upon which cholera and yellow fever depend has its existence in conditions external to the body. That yellow fever, for instance, has terrene and atmospheric causative relations and conditions, which conditions being absent, the disease cannot exist, is a fact that cannot be successfully controverted. Remove a yellow-fever patient from New Orleans to a healthy region in the country, and he will never become the focus and the origin of new attacks. In what respect, then, does yellow fever differ from an epidemic that is acknowledged not to be contagious? It can only spread, seemingly like a contagious disease, in localities where the conditions are present for

its idiopathic development. The first disease is manifested where the concentration of the miasm is greatest. Succeeding cases are in the same or adjacent localities, not because, as supposed, of its contagiousness, but because of the concentration there of its appropriate and absolutely essential causes. It cannot be carried up rivers, across oceans, into the interior of the country, nor up mountains, and be made to spread as a contagious affection there, or anywhere where the disease is not capable of idiopathic development.

We are too apt to reason from limited premises. We have seen pneumonia go through a family of five or six children, each new attack occurring at regular intervals of about ten days from the preceding. No argument could convince the friends that the disease was not contagious. The facts were, that it was simply an accidental and unexplainable circumstance. But we must not protract this discussion. We cannot, however, refrain from quoting another pertinent sentence: "Nothing seems to me more trifling or illogical than the attempt every day repeated—*usque ad nauseam*—to account for the production of this malady by references to influences and contingencies of local and limited power, and of transient application," (p. 272.) Can this disease be produced where these contingencies of "local and limited power" do not exist? In other words, can the disease be communicated by any concentration of the contagious element, where certain external contingencies, partly atmospheric and partly terrene, which we call causative, do not exist? If not, who is the illogical trifler? Bearing upon this point, we are disposed to make one additional quotation. He says, "Sir James Fellows tells us that, during the fever of Cadiz, in 1800, the air became so vitiated that its noxious qualities affected even the animals; canary-birds died with blood issuing from their bills, and in all the neighboring towns, which had been infected, no sparrow ever appeared. Rush says that cats died in great numbers, in the streets of Philadelphia, from the pestilential state of the atmosphere. Perlee affirms, that about Natchez, in 1819, not only domestic animals, but even the wild deer of the forests, shared the influence of the epidemic constitution of the air." Now we would ask, were those animals affected by a contagious element, developed *within* the human system, and so exhaled as to poison the entire air? or were they not rather under the influence of the same miasm that produced the fever in man, and which miasm was developed *external* to the body, and dependent upon local contingencies for its existence? We may return to this subject on some future occasion.

Speaking of specific poisons, the author makes a statement that we

had supposed to be untrue. He says, "Most strange of all is the instance of vaccine, which protects so admirably against variola—temporarily, without doubt, if not permanently; *yet does not prevent any frequency of repetitions of its own peculiar infection.*" Does Dr. Dickson mean to say that the vaccine disease can be produced any number of times in the same person? If so, he is most decidedly in error. We have repeatedly vaccinated with no more effect than would arise from the insertion of any other purulent matter. In the army and navy, particularly of European countries, recruits are ordered to be vaccinated and revaccinated until it *fails* to produce its specific and peculiar effect, at which time it is supposed the subject is perfectly and probably permanently protected against variola.

The author takes a philosophical and hopeful view of death. He says, "The shortness of human life has been the subject of incessant lamentation and repining, and yet without just cause; for if ultimate decay be a necessary consequence of the construction of the body and the constitution of its materials, death surely is to be considered rather as a relief from the evils of old age. Indeed, when we look upon the dim eye, the tottering step, and the childish imbecility, both mental and physical, of the old man, it is a melancholy consolation to reflect that the outlets from life are so numerous, that we are likely to reach our certain goal, the grave, by some nearer and less lingering route, and thus escape the hopeless and helpless state of driveling dotage," (p. 178.) This reminds us of the devout poet, who says,

"I would not live always,"

and the response of some undevout individual, who says,

"Well, you needn't fret about it,
For you *couldn't* if you *would*."

There are but few of us in danger of "driveling dotage," we apprehend.

We must conclude these rather random remarks, and will do so by giving expression to our opinion of Dr. Dickson's work as a whole. The first part of the work is exceedingly well done. The outlines of *General Pathology* are well marked out, and in style beautiful and fascinating. The second part of the work, devoted to *Special Pathology and Therapeutics*, is perhaps as well done as could well be in the same space; but, as a work for students, we think a little more amplification, in regard to the minutiæ of treatment, would have been a great improvement. The mechanical execution of the work is excellent, and the volume really deserves a place in the library of every American physician. O. C. G.

A System of Surgery: Pathological, Diagnostic, Therapeutic, and Operative. By SAMUEL D. GROSS, M.D., &c., &c. Illustrated by 936 Engravings. 2 Vols., each 1,160 pages. Philadelphia: Blanchard & Lea. 1859.

A careful examination of these volumes has afforded us much gratification, and we have been very greatly tempted to prepare a long review of them. Believing, however, that it is not so much long discussions of theoretical questions, or careful picking up of minor errors, that our readers desire, we abstain at a great sacrifice of feeling, and proceed to give a short account of the volumes, that our readers may judge for themselves whether or not they care to purchase them for their own use. Reader, beloved, (if you have paid your subscription,) is not that what you really want? Mr. Publisher, have you any right to ask any more?

The work is divided into two parts: one entitled *general* surgery, and the other *special* surgery. The following is the series of topics which are the subjects of the different chapters of the first part, viz.: irritation; sympathy and idiosyncrasy; congestion; inflammation, with its terminations and results; textural changes, congenital malformations, tumors, scrofula, wounds, effects of injuries upon the nervous system, syphilis, general diagnosis, minor surgery, operative surgery, (its general rules,) plastic surgery, subcutaneous surgery, amputations in general, excision of the bones and joints, and anæsthetics.

This part occupies about one half of the first volume. The remainder of this volume, and the whole of the second, are devoted to special surgery; that is, to the consideration of the diseases and injuries of particular organs, textures, and regions. It is, of course, unnecessary to specify the particular titles of the chapters, varying as they do from diseases of the eye to those of the urinary organs, from hernia to diseases of the air-passages, and including all those diseases which come under the care of the surgeon.

Of wood-cuts the first volume contains 292, and the second volume 644, making the large number which is somewhat pompously displayed upon the title-page. They are, as a whole, very good, and we do not remember noticing a really *bad* one among them. Some of them are particularly clever.

Were we now to write a review of this work, we should discuss with the author his theory of inflammation, in which we believe in some points he falls into errors, and yet it would be necessary to acknowledge that his directions for *treating* it are in the main sound and judicious. We should notice what is, perhaps, not unnatural, though

unfortunate, that the author has rather an exaggerated idea of the value of his own opinion as compared with that of others; that a certain carelessness of style is too often noticeable, as for instance on page 239, where it is said that "granulation is the process by which *lost* tissues are *repaired*," whereas if lost they can only be *replaced*, and it is added, "the *operation* is one of great interest;" that it is a very good idea to introduce the chapter on general diagnosis; that in treating of the use of subcutaneous injections, for the cure of neuralgia, it would have been more manly to have mentioned Wood's name, even if the author did claim a priority in the use of the method; that we do not like his use of the words *burse* and *fistule* for *bursa* and *fistula* any better than formerly, and cannot get rid of the feeling that their introduction is an absurd and unnecessary affectation; that in a man who has written so much about encouraging American authors and American talent, it would have been well to have noticed Heydock's method of treating fractures of the neck of the lower jaw, the only really effective way of retaining the parts in apposition in this rare injury; that his chapter on diseases of the eye is unusually sensible, and free from the affectations of many specialists; that if he wished for the best possible exploring needle, he would use a *perforated* in preference to a *grooved* instrument, (perforated, of course, its whole length,) the impossibility of confusion from the superficial fluids making it of especial value in exploring deeply-seated disease; that his statements with regard to the treatment of carious disease of the spinal column show that he is not familiar with recent and most important improvements in the application of mechanical support; that the same may be said of the section on coxalgia; and that many other things merit commendation, while some are blemishes on the work.

Still, it would be necessary for us to add, that in our opinion the work is very well adapted to the demands of a large class of the profession, and one which will be of value in every professional library; to young practitioners, or to those who are compelled to limit themselves to a few books on surgery, it will be very welcome and very useful. It is well printed, and well bound. E. H. P.

A Practical Treatise on the Diseases of Infancy and Childhood. By T. H. TANNER, M.D., F.L.S., &c. Philadelphia: Lindsay & Blakiston. 1859.

We have already had occasion to speak in commendation of another work by this author, entitled "A Manual of the Practice of

Medicine." Although manuals are frequently too flippant, and so condensed as to be of little real practical value, yet these works of Dr. Tanner form exceptions to the general rule. In the present volume, which from its subject admits of being limited to a moderate compass, the management of children from birth and the conduct of women during pregnancy, are prefixed to the chapters on infantile diseases. Another chapter is devoted to infantile therapeutics, and to the book is added an appendix of formulæ, which greatly assists the practitioner in preparing his own method of treatment. These prepared formulæ are objected to in some quarters, but we can see no more objection to them than to the general description of the disease, or the treatment recommended by the author. The intelligent reader will adopt or reject them as he finds that they accord with his own views; while for those who are inclined to use the opinions of others without weighing them, it is well they have so well-informed and so trustworthy a guide as Dr. Tanner proves himself to be in these pages.

A Treatise on Baths, including Cold, Sea, Warm, Hot, Vapor, Gas, and Mud Baths; also, on Hydropathy and Pulmonary Inhalations, with a Description of Bathing in Ancient and Modern Times. By John Bell, M.D., &c. Second Edition. Philadelphia: Lindsay & Blakiston. 1859. pp. 688.

It has been our intention to give more than a mere notice of this work. The subject is one upon which the profession is perhaps as little informed as any allied to the study of medicine, and for that reason we hoped to be able to give as thorough an analysis of Dr. Bell's work as our space would admit, in order to draw the attention of our readers to the subject of the more general use of baths, as a therapeutic means. The length of our reviews heretofore has prevented us from carrying our desire into execution, and, not to keep this work longer on our table unnoticed, we simply announce it, with our hearty commendation.

In this country, which abounds in mineral springs, which has an extensive sea-coast, fashionable places of resort for bathing and for taking the waters, it is strange that a systematized and reliable work upon any mineral spring is hardly to be obtained.

It is a fact that the bath beyond the pediluvium is rarely used, out of the hydropathic establishments, and yet, as an adjuvant, there is no more powerful means to be found. The iron bath, the nutritive

bath, the vapor bath, the various medicated baths in constant use in Europe, are here employed in most instances by empirics, and perhaps for that reason avoided by the regular profession.

Dr. Bell in his treatise discusses the whole subject: gives the history of bathing and baths from the most remote period of antiquity to the present time; the forms employed in various countries; the different varieties of baths; the hygiene of bathing, and the therapeutical uses of the different kinds of baths.

In preparing this history, the literature of the subject has paid its contributions to perfecting the work. As a compendium and a reliable treatise, we know of no work upon baths and bathing which can give the reader as much information as this.

A History of the Discovery of the Circulation of the Blood. By P. FLOURENS, Perpetual Secretary of the Academy of Sciences, &c. Translated from the French, by J. C. REEVE, M.D. Cincinnati: Rickey, Mallory & Co. 1859. pp. 175.

"The discovery of the circulation of the blood did not belong, and could scarcely belong, to a single man, nor, indeed, to a single age." Mr. Flourens in this sentence, which is the first of this history, gives the key to the volume. "Galen," he says, "commenced the discovery by combating Erasistratus; he opened the route, which, followed afterwards by Vesalius, by Servetus, by Columbus, by Cæsalpinus, and by Fabricius ab Aquapendente, conducted us to Harvey."

This volume consists, then, in tracing, through the writings of the authors whose names are here cited, the thought which, by degrees, led to the enunciation and demonstration by Harvey of the fact of the circulation of the blood.

As a work, it possesses more than ordinary interest to the medical reader, as it refers to one of the most important epochs in the history of our science. The name of the author is a guaranty for its faithful performance; and no one who reads this book can fail to be interested with the clear manner in which the gradual unfolding of this great truth is developed, as it commenced with Galen and culminated with Harvey.

EDITORIAL AND MISCELLANEOUS.

— The present number closes the twelfth volume of this journal, and it is with some feeling of satisfaction that we look back upon the labor accomplished during the six years which have elapsed since the MONTHLY was established. While its pages have been open to the whole profession, and many valuable papers have appeared therein; while the candor of its reviews, and the honesty with which the labors of others have been appreciated, have generally won for it the esteem of its cotemporaries, it has not been entirely free from the evil which pursues all medical journals in this country. It has seen its seasons of depression, and felt the want of that material aid which gives force to any undertaking. Its complaints have, however, been few, for knowing full well that integrity of purpose, and a faithful performance of its duty, would meet with its reward, it has persevered with the hope that it would soon find it.

We acknowledge many kindnesses from our cotemporaries; we have credited many evidences of consideration from our subscribers, for all of which we are thankful; and while we trust that those who have received our monthly budget, without returning the expected reward, may wake up from their temporary obliviousness, and remember that what is worth reading is worth paying for, we look forward with hopeful anticipation to renewed labors, increased facilities, the continued encouragement of our old friends, and an enlarged sphere of usefulness.

Rarely have the pages of the MONTHLY been sullied by any personality. This we shall always guard against, our intention being to give our readers a medical journal, not a sporting one.

Our communications have come from all parts of the Union, as the journal goes to every State and most of the Territories. We have aimed to represent our country, and have only presented the claim of New York to that in which we thought she was pre-eminent. In sentiment we are cosmopolitan, as is our profession, and we recognize our confrere everywhere. We take the good wherever we can find it, and are willing that all should share with us. We seek to progress, for not to advance is to recede, and with this declaration we close our twelfth volume.

—The first regular meeting of the Academy of Medicine, for Nov., being the Anniversary of the Academy, the occasion was occupied by the delivery of the annual address. This year Dr. W. C. Roberts entertained the Fellows by an "Eulogium upon the Medical Profes-

sion." We suppose that it will share the fate of its predecessors and be printed, when we shall return to it, reserving what we have to say about the address till that time.

At the second meeting in November, Dr. S. C. Foster exhibited Dr. H. G. Davis's apparatus for the treatment of Pott's disease; explained the nature of the invention, and illustrated the principle involved by its adaptation to a boy who had been treated by Dr. Davis, and had recovered from an extensive caries of the spinal vertebræ under its use.

A resolution, which had been offered at a previous meeting of the Academy and referred to the Council, having for its object the exclusion of reporters from the sittings of the Academy, was reported upon by the Council, which recommended the ignoring of the whole subject. A warm, personal, and not altogether academic discussion, hereupon arose, which we care not to reproduce here in its true light, for the honor of the Academy.

The remarks made by the President were, upon the whole, sound. In the course of the debate, however, while attempting to strengthen his argument in favor of the public press by depreciating the medical press of this city, more especially in its relation to the Academy, he indulged in some unjust expressions, which we are sure, upon more thoughtful consideration, would have been modified.

Although we by no means consider ourselves as falling within the scope of Dr. Watson's remarks, yet we deem it our duty to show how unjust those remarks were as regards ourselves, and how necessary it is for men occupying his present position, to avoid carelessness of speech.

The MONTHLY has always reported quite fully every important discussion which has occurred at the Academy during the last three years, and has also kept a running account of the acts of that body when nothing particular has transpired to warrant a more lengthy report. That the discussions have not been more frequent, and the acts of the Academy more fruitful, is not the fault of the MONTHLY.

Let us recapitulate, however, what the Academy has done, and how far and how well the MONTHLY has performed its office of a chronicler, so that this subject may be judged rightly.

The papers, reports, and discussions which occurred relative to the subject of "Injection into the Bronchial Tubes," were fully reported in the MONTHLY. The value of it we will not question, for it occupied the time of the Academy more or less for many sittings. The original paper—the origin of the discussion—was subsequently translated into

the French, and published in the *Gazette Hebdomadaire de Paris;* a portion of the majority report was incorporated by Mr. Erichsen into the last edition of his work on Surgery; and finally, the whole subject was frequently referred to during the recent discussions upon Catheterism of the Larynx and Tubage of the Glottis, at the French Academy, and was the means of establishing the priority of this operation for one of our own countrymen.

The MONTHLY was the only medical journal which published a report of this discussion.

The discussion on Puerperal Fever, which occurred subsequently to that just mentioned, was also reported in the MONTHLY, and was the subject of quotation and remark by medical writers, and by those who took part in the discussion before the French Academy, when the same subject was brought before that body. We were not alone in publishing this discussion, the *New York Journal of Medicine* having also admitted most of it to its pages.

The next discussion was that upon the Prostate Gland, and that, too, we reported fully from stenographic notes taken at the time. This also has found its way into foreign journals.

To insure correctness in the various reports, the proof, before going to press, has invariably been submitted to the Fellows whose remarks were reported; so that if there be any error in the report, of which we have yet to hear the first complaint, to them must belong the responsibility.

The "Whitney Case" is still fresh in the minds of all, and that our report of it was scrupulously exact no one can deny. If anything occurred during the discussion of this subject which was not to the honor of the Academy, or to those engaged in it, it is the fault of those who introduced it into the Academy, and who took part in it. We believe it was the first official act of the present President of the Academy to request Dr. Green to give a statement of this case, and it was the closing speech of the present President of the Academy which gave umbrage to the family of the person whose case was under consideration.

The last discussion which has taken place before the Academy was on yellow fever. In our humble estimation, it was not of a character to interest our readers generally, and not discerning any new fact in the verbiage of the arguments advanced, we decided not to publish it. A report on the same subject, made to the Academy by Dr. John H. Griscom, entitled "A History, Chronological and Circumstantial, of the Visitations of Yellow Fever at New York," was published in the

MONTHLY for February, 1858, which we consider far more valuable than the discussion recently held.

This is enough to show to what extent we have reported the discussions of the Academy. How faithful the reports are, we leave to others to judge; premising that, when the authors commend, others can scarcely find fault.

We might adduce the publication of Dr. Dalton's paper on the Anatomy of the Placenta, the Report on Swill Milk, and others, to show how far the MONTHLY has gone to sustain the Academy, and to spread its light before men.

In all these instances, the papers have been revised by the authors, where it was possible, so that no fault could be attributed to the MONTHLY. No other journal has done so much; and if this has been done to the detriment of the Academy, as the President's remarks would lead one to suppose, then the fault is in the officers of the Academy for permitting such papers to be read, and such discussions to be held before the Academy.

— The College of Veterinary Surgeons, which was incorporated by the Legislature last winter, have recently taken possession of the new building erected for them on the corner of Twenty-third Street and Sixth Avenue. The design of this institution is to teach both the theory and practice of medicine for the horse; to afford the facilities of studying the anatomy, physiology, pathology, and diseases of that animal, by means of a museum, dissecting-room, and a lecture-room; to extend the most useful knowledge as regards his management in health, so as to prevent disease; to furnish reliable information as regards the breeding of animals; and lastly, to have a range of stables to teach by practical example how the horse ought to be taken care of. The last census states that there were nearly 600,000 horses in this State, no unimportant part of its wealth, which this institution is calculated to increase, by introducing and extending an improved treatment and management.

The faculty, as at present constituted, are: John Campbell Ralston, V.S. and M.R.C.V.S., the projector of the College, Prof. of Veterinary Theory and Practice; John Busteed, M.S., Prof. of Anatomy and Surgery; R. O. Doremus, M.D., Prof. of Chemistry and Materia Medica.

— The Seventeenth Anniversary of the Society for the Relief of Widows and Orphans of Medical Men was celebrated Tuesday evening, November 15th, by a dinner at the Metropolitan Hotel. There

were present about 150 members of the Association, and quite a good time they had of it. The report made upon the finances of the Society showed that it was in a most prosperous condition, having $27,000 invested in 7 per ct. bonds and mortgages, with but small demands made upon its resources. Since its organization but twenty-three of its members have died; the last year, but one. Dr. A. N. Gunn, the present Health Officer of this Port, became a patron of the Society by a donation of $150.

— The New York County Medical Society held its annual meeting, elected its officers for the ensuing year, and then adjourned, to meet again in another twelvemonth for a like purpose. An interesting Society is the New York County Medical Society.

— In the October number of the MONTHLY we gave a short account of a new disinfecting compound, proposed by Dr. Corne and Mr. Demeaux, and brought before the Academies of Medicine and Sciences of Paris, under the auspices of Prof. Velpeau.

The introduction of this disinfectant powder has excited warm discussions at both the Academies. These have reached Old England, and science has echoed back to France words of dispute. Dr. Martan Lauzer, in the *Revue de Thérap. Médico-Chir.*, for September, thus pleasantly gossips on the discussion as to the kind of coal-tar to be used: "What kind of coal-tar do you mean, *Messieurs les Français*? our good neighbors ask us. Are you ignorant of the fact, that there are disinfectant coal-tars, and those which are *not* disinfectant, and some even that *are* infectant? Reject the coal-tar of Demeaux and Corne, says Moride, and take my Boghead coke. Take care, screams Calvert, of Manchester, that is the worst of all; learn that coal-tars vary enormously. That from the Newcastle pit-coal is composed almost entirely of naphthaline; that from Boghead of paraffine; that from the Wigan Cannel coal of benzine and carbolic acid; that from the Staffordshire coal of heavy oil and much neutral carbide of hydrogen. But paraffine, benzine, naphthaline and heavy coal oil, possess but little antiseptic power, whilst carbolic acid possesses this property in a high degree. Wigan Cannel coal, containing 14 per cent. of this precious substance, should be preferred to Staffordshire, which contains only 9; to Newcastle, which contains only 5; and especially to Boghead, which only contains 3. And the proof of the relative disinfectant power does not date from yesterday, according to Mr. Calvert, who saw, in 1851, dead bodies, in the Medical School of Manchester, injected with a weak solution of this acid, preserved perfectly for some weeks; and, at the same time, a piece of horse-flesh, which had been

soaked in the acid, being exposed to the changes of weather for three years, was preserved without any decomposition. A thousandth part of this acid, being added to some urine in summer, preserved it fresh for three or four weeks. A like proportion prevents the gallic acid fermentation, or the conversion of tannic into gallic acid in extracts of tanning materials found in commerce, such as sumach, &c., thus allowing manufacturers of extracts of tanning substances to preserve them for some months. It is only necessary to rub the inside of the skin of animals or furs, in order to preserve them from insects for months."

"But what is this carbolic acid, thus extolled by Calvert? A white solid body, crystallizable, obtained on the distillation of a number of substances of organic origin, and especially from certain coals and from benzoin. Knowledge of this substance—discovered by Runge—extends as far back as 1834. It has been known by no less than five names: *Carbolic acid*, *phenol*, *phenic acid*, *phenic alcohol*, and *hydrated oxide of phenyle*. In the last edition of Orfila's Chemistry, (1851,) it is noticed as coagulating albumen, and *preventing* putrefaction. He directs, in its preparation, that coal-tar, which has been distilled between 150° C. and 200° C., be mixed with a concentrated solution of potassa; there is formed a phenate of potassa, which may be separated by the solvent action of water. This salt is then decomposed by chlorhydric acid, which eliminates the carbolic acid."

"From the communication of Calvert, one would conclude that it was better to employ pure carbolic acid than coal-tar, especially as it is contained in the latter in small proportions. The cliniques at first shouted '*Marvelous!*' The report of the surgeon *en chef* of the Italian army was perfectly favorable to the new powder. The substance was employed at Milan. Twenty of the wounded were treated for three days with this disinfectant application. The result was clear and incontestable. At each dressing putridity was modified, and the condition of the wounds ameliorated."

"Moride follows up Calvert's article with a long paper on Boghead coal and its preservative effects. By its means, urine, fæcal matters, and the refuse from the slaughter-houses, are disinfected and reduced to a pulverulent mass, and removed from cities in carts without any inconvenience. It disinfects clotted-blood and thick fæcal matters, *volume* for *volume;* but only produces this effect on serum, liquid blood, urine, &c., in proportions of 10 parts to 8 of the substance to be disinfected."

We may sum up what is valuable in these communications by saying that all coal-tars, on account of the carbolic acid, and probably the creosote they contain, are useful as disinfectants; *when* plaster is

added to them, (and this, we take it, must be *calcined*, although it is *not* so stated in the paper of Demeaux and Corne,) it absorbs the liquids, thus preventing their exposure to putrefaction. The mere presence, however, of coal or coke, independent of the substances produced by the agency of heat, cannot act as an antiseptic, although it may be a disinfectant. L. H. S.

—Mr. Thomas Spencer, in a paper "On the Supply and Purification of Water," read before the British Association, stated that ozone is only polarized oxygen, and it was through this action of oxygen that he had succeeded in purifying water containing a large amount of coloring matter, rendering it perfectly clear and pure. In experimenting for the purpose of purifying water by artificial means, he had attempted to discover the mode by which nature converted impure colored surface water into colorless spring water. By degrees his experiments led him to the fact that all rocks and minerals containing protoxide of iron effected the filtration of water better than any other. He also found that the same oxide, when isolated in the state of "magnetic oxide," not only freed water from turbidity more effectually than an equal thickness of sand, but effected its discoloration with marvelous rapidity. From this it appeared that the protoxide of iron, as magnetic oxide—a substance which enters into the composition of so many rocks—was one of nature's chief agents of purification. In illustration of these views, some bog water, much darker in color than ordinary porter, was almost instantly deprived of its color, and rendered bright, clear, and perfectly free from taste. By several who partook of it, it was pronounced equal in these respects to spring water. The means employed were very simple. The colored water was poured into a glass vessel containing a layer of about five inches of equal parts of coarse sand, and a hard ferruginous substance, perfectly magnetic, on which the water issued forth with great rapidity perfectly colorless. What was extraordinary in this connection, was the fact that *the magnetic filtering medium itself suffered no deterioration after any period of operation.* Mr. Spencer thought that the magnetic oxide attracted the oxygen to its surface, and when there it necessarily became polarized. Whilst in that state, and *only whilst* in that state, it combined with the organic coloring matter to form a new substance. He considered *the oxygen when in this state of polarity as neither more nor less than ozone.*

—Dr. Mercer Adam resumes his interesting sketches of the Universities, Hospitals, &c., of Germany, in the October number of the

Edinburgh Medical Journal. Passing from Würzburg to Munich, he stops at Bamberg to change cars, and uses this occasion to discourse on the national beverage—beer, which every one seemed to be drinking. We extract what he says upon Bavarian beer in particular:

In Bavaria, however, there is a difference in the mashing process; for the wort is a *decoction* of the malt, instead of a simple *infusion* of the grist, as is usual in England and Northern Germany. Good German beer thus prepared contains water, sugar, dextrine, gum, extract of hops, alcohol, carbonic acid—sometimes vegetable albumen and a little resin—and several earthy salts, such as the phosphates of lime and soda, sulphate of lime, a trace of chloride of sodium, etc.

Is all this use of beer wholesome in a dietetic point of view? Ask a Bavarian, and he will answer you, shrugging his shouldens and raising his eyebrows with delight, "*Ach, mein Herr! das Bier ist flüssiges Brod!*" (My dear sir! beer is fluid bread!) Now whatever the teetotal party may say to the contrary, the honest German's answer is very near the truth. Böcker of Bonn, Mulder of Utrecht, and other eminent physiological chemists, have shown us clearly and indisputably that beer and wine, by arresting the destructive metamorphosis of our tissues—especially of those containing phosphates—are both valuable as indirect nutritive agents. Will it be credited that a pint and a half of good beer will afford a hard-worked man about as much nourishment as a pint of milk? The physiological effects of beer on the animal economy are these: The carbonic acid of the blood is increased, and the excess is eliminated by the skin and kidneys, and burnt off in the lungs. The alcoholic elements stimulate digestion, increase the appetite, and facilitate the absorption of nutriment by the alimentary canal. Its sugar and dextrine, transformed into lactic acid and sugar, pass into the portal system, where they increase the bile-forming constituents of the blood, and offer the source of additional animal heat. And, lastly, the narcotic principle of the hops soothes the excited or irritable nervous system. Thus we can understand how beer, like wine, is a valuable aid to nutrition, in virtue of its tonic and sedative properties, and on account of its arresting the waste of tissue inseparable from intense or continued mental application. "Surely, then," says Dr. T. K. Chambers, "that is a truer philanthropy which turns its attention to increasing the variety and quantity of wholesome fermented liquors, than that which, by precept or example, endeavors to deter men from them altogether."

Reaching Munich, he visits the Universities there, and thus sketches its Professors:

Among the Munich professors are several men whose names are familiar to all the scientific world—such as Liebig, Bischoff, Siebold; but there are also many men of great abilities, whose reputation is as yet principally confined to Germany. Of these we propose, in passing, to say a few words.

Baron Liebig is so well known in England, and his chemical theories have been so generally diffused among the present generation,

that little needs to be said about him or the influence of his works. He was born in Darmstadt, in 1803; he and Mitscherlich studied together at Paris about 1822 or 1823; and in 1824 he was appointed Professor of Chemistry in the University of Giessen, in Nassau. Just as the genius of Boerhaave gave a world-wide fame to the University of Leyden, so did the brilliant intellect and wonderful labors of Liebig raise the College of Giessen from comparative obscurity to a high degree of eminence. His reputation attracted hither students from all parts of the world, and they, in their turns, became apostles of the new chemical doctrines which he taught, and which he had slowly elaborated in the model laboratory of Giessen. He accepted the Chair of Chemistry, and the Presidency of the Royal Laboratory in Munich, in 1852. Long may he live to enjoy his honors, and to enrich science by his labors.

Nor is there much need that I should enlarge on the character and achievements of Professor Theodore Ludwig W. Bischoff, who holds the chair of anatomy and physiology. He also, like Liebig, was a luminary of the Giessen school, and afterwards Professor in Heidelberg, before he was appointed to the chair in Munich. He first attracted public notice by his well-known labors as an embryologist, and by gaining the prize offered in 1840, by the Prussian Academy of Science, for a monograph on the development of the ovum of the rabbit. His prize essay on this subject, published in 1842, continues to this day one of the highest authorities on fœtal development, etc. Besides his latter contributions on the physiology of menstruation, it will be in the remembrance of most readers, that he recently distinguished himself by an admirable treatise on urea, as a measure of the amount of metamorphosis of tissue. This little work was a defence of the doctrines of the Giessen school, of which he was then a professor, and a justification of Liebig's dictum, that it was "impossible urea can have any other origin than the metamorphosis of the nitrogenous tissues," in opposition to the views of Bidder, Schmidt, and others, who thought that the urea excreted was only partially derived from this source. Professor Bischoff is still a very hard-working man, enthusiastic in the prosecution of science, and much beloved by his students. He is the conservator of the Anatomical Museum. This is contained in a spacious and elegant building, and the collection is very large and valuable. My limited time precluded me from examining it with great minuteness; but I have a vivid recollection of a curious preparation to be found there: viz., *the uterus and ovaries of a woman who is still alive!* A medical man pulled these organs down into the vagina by means of forceps, believing that he was extracting the placenta the while. He then removed them; the wounds healed kindly; and the patient recovered favorably! I believe that no similar case is on record.

Another well-known name is that of Charles Theodore von Siebold, the Professor of Zoology and Comparative Anatomy. Both he and Kuchenmeister are principally known by their researches on entozoa, and by their valuable experiments, which proved so distinctly the production of tænia from some form of cysticercus swallowed in the food.

He is also author of a most valuable work on comparative anatomy, which he wrote in conjunction with Stannius. He is also, with Kölliker, co-editor of the *Zeitschrift für Zoologie.*

Special therapeutics, as applied to clinical medicine, are taught by Professor von Pfeufer, who, with Henle, is conjoint editor of the *Zeitschrift für rationelle Medicin*, which usually is named after them. Ringseis is Professor of Special Pathology; Weissbrod, of Midwifery; Gietl, of Practice of Physic; and Buchner, Pharmacology. Professor Max Pettenkofer is well known as an able pathological chemist. One of the most rising men in this University is Dr. Ludwig Buhl, Pathologist to the General Hospital, who has given evidences of rare abilities as a morbid anatomist. He has contributed largely to the current medical literature of the day, and his articles generally appear in Henle's *Zeitschrift.* In 1856 he published a very important series of pathological observations, based on 280 post-mortems, performed at the Munich Hospital. His descriptions of pneumonic lungs in this paper are novel and graphic; but his divisions of the disease into the three forms of tubercular, croupous, and desquamative, are somewhat fanciful, and rather too refined for practical pathologists. The tubercular variety he attributes to a total arrest, and the croupous to a simple disturbance of nutrition in the lungs. The desquamative form, he says, only occurs in red hepatization; in it there is great redness and toughness of the parenchyma; it does not present capillary hæmorrhages, fibrous exudations, or pus corpuscles; but the air is expelled from the pulmonary vesicles by means of the puffy and swollen epithelium, and by an albuminous exudation which gums them fairly together for a time. The epithelium desquamates, and is replaced by new tissue; so, from its analogy to *Morbus Brightii*, Buhl has given it the name of desquamative pneumonia. This variety he considers rare in the dead-room, on account of the great tendency which there is to a favorable termination.

Professor Buhl has also directed attention to a peculiar form of acute atrophy of the lungs, which occasionally occurs in the course of typhus; and this appearance he regards as the highest grade of desquamative pneumonia. During the epidemic of cholera, which visited Munich so severely in 1854, Buhl was indefatigable in grappling with the pathology of this mysterious disease, and his monograph on the subject is probably one of the ablest that we possess.

Nor must we forget to mention among the medical notabilities of Munich, two of the *privat-docenten*, who are physicians of great ability, although less widely known. I allude to Dr. Breslau. and to Dr. Lindwurm. Both these gentlemen are distinguished for their courtesy to any English physician who may visit Munich. The former was unfortunately from home all the time I was in the city; to the latter I feel deeply indebted for the opportunities which he afforded me of seeing all the medical institutions, and for all the information he so readily afforded me on every subject I investigated. Dr. Lindwurm is an accomplished English scholar, and he has done "yeoman's service" to his countrymen by placing in their hands an excellent translation of Stokes on *Diseases of the Heart.* He has visited Great

Britain twice; and on the last occasion, he went specially to Dublin, in order to study the types of fevers in the hospitals there, and to satisfy himself whether or not the typhus and typhoid fevers were identical, or nosologically distinct diseases. On his return to Germany he published a little treatise on the subject, in which he relates his impressions, and inclines to the opinion that the two fevers are the same disease, occurring in different degrees of intensity.

Ascarides.—M. Bourgeois d'Etamps asserts that the introduction of mercurial ointment into the rectum has never failed to effect the destruction of these animals in all the numerous cases in which he had tried it. And he adds that it was only in those cases in which other remedies had failed that he had used it. In the case of a child the mother is directed to introduce into the rectum, as high up as possible, a piece of the ointment on the end of the finger. A grown-up person can do it for himself. All itching, etc., at once ceases; but it is advisable to repeat the introduction three or four times. The small quantity of mercurial substance requisite for the destruction of the animals is really astonishing. No doubt the glysters of M. Legroux, in which the mercurial ointment is held in suspension, act in a similar way, but they are more complicated in use. M. Bourgeois d'Etamps suggests that, at all events, if the mercurial ointment is thus used, it might be dissolved in oil, and so injected. Be this as it may, its direct action is so marked as a destroyer of the ascarides, as to place it, in his opinion, above all other remedies.

Remarks on the Epidemic of Diphtherite, (or Hog-skin Angina.) Translated from the French, by O. D. Palmer, M.D., Zelinople, Pa.

Notwithstanding the positive opinions of some authors to the contrary, diphtherite is an affection still but little known. Whilst maintaining this position, it seems to me proper that those who have been called upon to observe it, should make known, not only what they have been able to see particular in the new epidemic, but also the comparative appreciation of the general facts, as they have been observed by themselves, or as they have been learned from others.

In the commencement of this epidemic, with my memory surcharged with the writings most recent and esteemed, and more especially with the original works of M. Bretonneau, I considered myself armed against it; all seeming to me simple and clear. The mode of propagation, contagion, progressive extension; the disease extending from the throat or nasal fossæ into the rest of the organism, at first wholly local, drawn to the exterior, and only affecting the whole system from the external to the internal parts; the therapeutic success, dependent on the energetic application of the wholly surgical means, that is, dependent on the hands of the physician—all was simple, and my only expectation was to have to follow the best models.

My hopes have been betrayed; the perfect image that I awaited has discovered itself in a very different shape, as will appear from the picture that I am about to trace.

I have seen an affection raging among different populations, at-

tacking at the same time individuals having no communication with each other, without regard to other diseases, with but few rare exceptions originating from an unknown influence, and seeming to choose its subjects indiscriminately. The disease begins like a severe eruptive fever, in the midst of a large retinue of general symptoms, with considerable tumefaction of the ganglions, even when the false membrane is hardly developed; commencing in the throat, to extend from one part to the nasal fossæ, and from another to the respiratory passages, and sometimes to the digestive apparatus; showing itself also in the auditory conduit, at the vulva, in the vagina, in cutaneous lesions; attacking various points of the organism, without relation to contiguity—the throat with the vulva, the throat with the bronchia, the larynx remaining sound; the throat, then the intestines. These coincidences, indicated by the symptoms, have not been justified by the opening of bodies; but in two cases of tracheotomy, I have been able to demonstrate the absence of false membrane in the trachea, whilst it existed in the bronchia, or was in the state of being formed. In a good number of instances the adventitious membrane has been detached without treatment, or with very little, and as quickly as when cauterizations daily or even more frequently have been practiced. This is no hindrance to the re-formation of false membrane, in parts contiguous or remote, and these new attacks have taken place, both when the throat contained the pseudo-membrane adhering, and when *this was completely free.* That is to say, we have observed an affection, originating more from epidemic influence than from contagion, marching, in the manner of the exanthematous fevers, from the circumference to the centre, not always following the way of contiguity, in extending its characteristic products, little susceptible of being arrested in its progress by caustics, but sometimes yielding to the efforts of spontaneous reaction—an indication that we should endeavor to imitate, in furnishing the organism means of sustaining a frequently unequal contest.

All is linked together in the doctrine of M. Bretonneau. Generalizing the facts of incontestable contagion, he admits that in all circumstances the diphtheritic germ is deposited locally, as it is in syphilis. He forgets that with whatsoever part of the skin or mucous membrane the virus comes in contact, it is the throat, amygdalæ, and nasal fossæ, that produce, with some rare exceptions, the first vestiges of false membrane, belonging to this species of *angina.* It is different in this particular from syphilis, to which it assimilates, and which acts at first, and always, on the part where it is applied. There is, then, in all cases, and especially in serious cases of diphtherite, a diseased action internally succeeding to the contagion, (when it is caused by this,) and subsequently producing a similar disease, as takes place in the eruptive diseases, variola, rubeola, and scarlatina, which likewise appear insidiously, and without our being obliged to refer their origin to contagion. May it not be the same in this pseudo-membranous angina? I have offered sufficiently numerous examples before, and have remarked elsewhere, "its contagion is *possible;* it is not at all *necessary.*"

From the full conviction of the development of this disease *internally*, to that of its destruction, at once, by cauterization, is but a step; this step has been taken, and numerous successes are furnished in support of the doctrine. They have been shown, doubtless, in severe cases, but much more often when the cure has either been wholly spontaneous, or obtained by the mildest means. These successes have not been wanting to me, either, though I have confined my cauterizations to the *isthmus of the throat*.

It is, then, by figures, that it will be necessary to resolve this important question, and its solution is required by science. Whilst awaiting, may we not be permitted to adduce the greater success in tracheotomy, since surgeons no longer *cauterize* the trachea after the operation, against the utility of such a practice in the larynx?

With my own experience, and after an attentive perusal of the known facts, I think we are not far from the truth in considering this primarily a general disease, inclined to manifest itself upon the mucous membrane in the same way that the eruptive fevers do upon the skin. Doubtless this view is less seductive, in a therapeutic point of view, than the preceding one; for were it established, we should be left unarmed against this, as we are against the eruptive fevers, all the phases of which we are obliged to submit to, without the beneficial interference of heroic means. But if this is the truth, we must accept it as it is.

Pathological anatomy, chemistry, the microscope, have not as yet afforded very great aid to the study of diphtherite. The first of these, in explaining the internal lesions caused by this disease, has only confirmed, in regard to the interior, what clinical observation had established, in the living, in the parts accessible to view. It has shown, also, the liquid state of the blood, the vascular congestions resulting from this state, and the mechanical asphyxia caused by the false membranes obstructing the air-passages. It has examined, perhaps too negligently, the lymphatic system, which appears to play the most important part in this disease.

Chemical analysis and the lens, in ascertaining the fibrinous nature of the false membrane, have still not been able to distinguish it from the *pultaceous covering* that accompanies a pathological state very different from the pseudo-membranous angina.

The chemists and micrographers ought to give us correct examinations of the blood at different stages of the diphtherite. This would probably open the way to a knowledge of the morbid state that certainly precedes a primitive modification of this fluid, before it is essentially altered by the enormous amount of fibrin thrown upon the mucous membrane—a consecutive alteration, that explains so well the hæmorrhages and congestions, the debility so great and so slow to disappear, and those paralyses which hamper convalescence.—*Gazette Hebdom.—Boston Med. and Surg. Journal.*

Bromide of Potassium.—The Fellows of the Medico-Chirurgical Society of London will recollect the alleged uses of bromide of potassium, as pointed out by their late President in reference to certain affections of the nervous system. Dr. Pfeiffer, of Paris, has lately

experimented with the compound on the male sex. M. Thielman, in 1854, obtained good results, as he asserts, from its use in painful erections, satyriasis, and spermatorrhœa; and his results are now confirmed by Dr. Pfeiffer. He finds that it exercises a happy influence over seminal losses, abnormal erections, and neuralgia of the neck of the bladder. It has a special power over the muscular part of the genito-urinary apparatus, and at the same time causes a marked amelioration in the secreting action of the same organs. In large doses it appears to produce symptoms like those caused by iodide of potassium.

Emboli.—The following conclusions respecting the obstructions of vessels by solid bodies or fibrinous concretions, are well drawn up by Professor Schutzembergen :—1. Fibrinous concretions or solid bodies formed in the heart or great vessels, may be detached from their seat, carried along in the current of blood, and so obstruct different secondary branches of the vascular system. 2. This fact is neither absolutely rare nor exceptional; it constitutes a special and very peculiar affection of the arteries, which has been called by Virchow "Emboli." 3. This affection was for a long time misunderstood; is now shown to exist both by scientific induction and clinical and microscopic observation. 4. It has been observed as a consequence of gangrenous inflammation of the pulmonary veins; of organic affections of left side of the heart; and of atheromatous degeneration of the large arterial trunks. 5. Its most frequent cause is derived from fibrinous or calcareous concretions, and polypoid excrescences developed on the mitral valve, and carried along in the current of blood. 6. When the patient does not succumb under a first attack, another generally follows. Thus the attacks are multiplied. 7. The arteries most frequently found affected are:—the Sylvian artery, the internal carotid, the arteries of the upper and lower extremities, the splenic, renal, external carotid, and mesenteric. 8. The obstruction ordinarily occurs at contracted points of the arteries. 9. If, in consequence of the obstruction, a collateral circulation is established, only temporary disturbance is produced. 10. But if no collateral circulation is established, then follow organic alterations, mortifications, and gangrene, dry or humid, partial or general. 11. In the parenchymatous organs the obstruction of the arterial branches produces sanguinary or circumscribed fibrinous infarctus. 12. In the brain the infarctus usually occasions yellow softening. 13. In the spleen and in the kidney the infarctus produces a special lesion, exactly circumscribed, ordinarily of a conical shape, varying in color according to its age, and often denser than the rest of the parenchyma. 14. Emboli in the cerebral arteries produce functional disturbances analogous to an attack of apoplexy. The symptoms do not differ from those of cerebral hæmorrhage or acute softening.—*Medical Times and Gazette.*

The following mixture is proposed by Dr. Pacini for the preservation of blood globules, nerves, ganglions, the retina, and the white tissues generally: Protochloride of mercury, 1 part; chloride of sodium, 2; glycerine, 13; distilled water, 113 parts.

All men of genius, according to M. Moreau, are men in different stages of madness; genius is a neurosis.